

462
CITY OF SHEFFIELD
EDUCATION COMMITTEE



SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1958

[FIFTY-FIRST YEAR]

66183



CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1958

[FIFTY-FIRST YEAR]



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30081208>

INDEX

	PAGE
After Care	59
Audiology	9, 30-33
Aural Treatment, see "Ear, Nose and Throat"	
Blind Pupils	27, 56, 63
Blind School Management Committee	4
Cerebral Palsy	62
Chest Clinic, see "Tuberculosis"	
Chicken Pox	52
Child Guidance Treatment	6, 7, 12, 47-50, 70
Child Welfare Sub-Committee	4
Chiropody	6, 12, 42, 71
Cleanliness (Head and Body)	9, 23, 51, 67
Clinic for Young Deaf Children	9, 30
Clinics	6, 11, 12, 24-25
Clothing and Footwear	51
Convalescent Treatment	14, 71
Co-operation with Parents, Teachers, etc., and National Health Service	9, 13-14
Cost of School Health Service	75
Deaf and Partially Deaf Pupils 14, 30-33, 56, 63, 68-69, 70	
Defective Vision, see "Eyes"	
Delicate Pupils	15, 56, 61, 63
Dental Treatment	6, 8, 11, 12, 36-40, 72
Diabetes	61
Diphtheria and Immunization	6, 12, 52, 53, 71
Dysentery	52
Ear, Nose and Throat 6, 8, 12, 14, 24-25, 29-33, 50, 68-69, 70	
Education Welfare Officers, Co-operation with	14
Educationally Sub-Normal Pupils	56, 57-59, 61, 63
Employment obtained by Special School Leavers	61
Epileptic Pupils	14, 64
Eyes 6, 11, 12, 14, 24-25, 26-28, 50, 66, 68-69, 70	
Fairthorn Convalescent Home..	14
Financial Statement.. .. .	75
Further Education for Handicapped Pupils	64
General Condition of Children	16, 66
General Practitioners, Co-operation with	14
General Information.. .. .	6
Handicapped Pupils	56-64, 73-74
Health Education	65
Heart Diseases and Rheuma- tism 6, 8, 11, 12, 14, 24-25, 43, 68-69, 71	
Heights and Weights	16-21, 55
Home Tuition	62
Home Visits	6, 51
Hygiene of School Buildings	23

	PAGE
Infectious Diseases	8, 52-54
Inspection Clinics 6, 11, 12, 24-25	
King Edward VII Orthopædic Hospital	42
Maladjusted Children	64
Measles	52
Medical Examinations in Schools	6
Medical Inspection Returns..	66-74
Meningitis	52
Milk in Schools	22
Minor Ailments Clinics 6, 11, 12, 24-25	
Miscellaneous Work	65
Mumps	52
National Health Service, Co-operation with	9, 13-14
Noise in Schools	16
Nursery Schools and Classes..	55
Nutrition	16
Obesity	15
Ophthalmic Treatment 6, 8, 12, 26-28	
Orthopædic Treatment 6, 8, 12, 14, 24-25, 41-42, 68-69, 70	
Orthoptic Treatment	6, 8, 12, 27, 28, 71
Parents, Co-operation with	14
Partially Sighted Pupils 27, 56, 57	
Periodic Health Inspections 6, 15, 66, 68	
Physical Education	54, 76-88
Physically Handicapped Pupils 56, 57, 61, 64	
Poliomyelitis	52-53
Remand Homes.. .. .	65
Residential Special Schools ..	63-64
Rheumatism and Heart Diseases, see "Heart Diseases"	
Scarlet Fever	62
School Meals	22
School Nursing	6, 50
Skin Diseases 9, 15, 24-25, 26, 68-69, 70	
Special Examinations 65, 67, 69	
Speech (Therapy and Defects) 6, 7, 12, 24-25, 34-35, 68-69, 70	
Staff	4-5, 13
Statistical Tables	66-75
Summaries of Work	6, 50-51
Teachers, Co-operation with	14
Tonsillectomy.. .. .	29
Tuberculosis	8, 43-47, 71
Vaccination (B.C.G.)	45-47, 71
do. (Poliomyelitis) 53, 71	
Verminous Children, see "Cleanliness"	
Vision, see "Eyes"	
Weights, see "Heights and Weights"	
Whooping Cough	52

CHILD WELFARE SUB-COMMITTEE

Ald. J. F. WILLIAMS (Chairman).
Coun. L. COPE (Deputy-Chairman).

Ald. A. BALLARD, C.B.E.
Mrs. B. BUCHANAN, J.P.
Rev. F. DUCKWORTH, M.A.
Mr. A. W. FISHBURN.
Coun. Mrs. F. M. GATHERCOLE.
Coun. The Reverend A. GREEN.
Coun. Mrs. M. M. JOWETT.
Coun. P. C. J. T. KIRKMAN.

Coun. M. J. SEWELL, M.P.S., J.P.
Mr. J. J. SIMMONS.
Mr. T. DRURY SMITH, M.C., J.P.
Mrs. C. SUMNER, B.Sc., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.
Ald. J. S. WORRALL, J.P.

SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE.

Ald. J. F. WILLIAMS (Chairman).
Coun. L. COPE (Deputy Chairman).

Ald. A. BALLARD, C.B.E.
*Mr. N. BODDY.
Mrs. B. BUCHANAN, J.P.
*Mr. R. HARGREAVES, M.A., LL.B.
Coun. M. J. SEWELL, M.P.S., J.P.

Mr. J. J. SIMMONS.
Mr. T. DRURY SMITH, M.C., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.

* Co-opted members who were previously Governors of the School.
Director of Education—T. H. TUNN, M.A.

STAFF

Medical Officer of Health and Principal School Medical Officer.
LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.
C. H. SHAW, M.D., D.P.H., D.P.A.

Senior School Medical Officer.
E. GWENDOLINE M. OATES, M.D., M.R.C.S., L.R.C.P.

School Medical Officers.

JAMES GREER, L.R.C.P. (I.), L.R.C.S. (I.).	DAVIDA M. PILKINGTON, M.R.C.S., L.R.C.P.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.	ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H.
KATHERINE S. P. HILL, M.B., B.Ch., B.A.O. (B.A.)	EITHNE M. SWALLOW, B.A., M.B., B.Ch.
WILLIAM D. A. KING, M.B., Ch.B.	MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H.
DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.	

(Vacancy for School Medical Officer).

Medical Officers serving in both the School Health and Public Health Services.

JAMES D. HALL, M.R.C.S., L.R.C.P., D.P.H. MARION E. JEPSON, B.Sc., M.B., Ch.B., D.C.H.

Specialist Officers.

Ophthalmic Section 	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section 	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopædic Section 	†*FRANK W. HOLDSWORTH, M.A., M.Chir., F.R.C.S.
	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
	†*SIDNEY PAPPWORTH, M.B., Ch.B., M.Ch.
Rheumatism and Heart 	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section 	*(Vacancy).

School Nursing Sisters.

ELSIE DENT (Chief School Nursing Sister).

PHYLLIS M. ARTHUR.	Mrs. JOYCE LEACH.
Mrs. OLIVE M. ASHTON.	Mrs. LILIAN LIVERSIDGE.
Mrs. MARJORIE BARNSLEY.	Mrs. MARGARET MacDOUGALL.
Mrs. ELIZABETH BATES.	Mrs. VALERIE A. MELVILLE.
Mrs. GRACE E. BROWN.	Mrs. EVELYN NOBLE.
Mrs. JOYCE C. COGGINS.	Mrs. MARGARET V. PARKER.
Mrs. ELSIE M. COX.	RUTH POULES.
EDITH DONCASTER.	Mrs. MARY A. REID.
BETTY DRIVER.	Mrs. GRACE RICHMOND.
Mrs. IVY HIBBERT.	AUDREY E. SALVIN.
MARGARET HILTON.	LUCY SCOTT.
CLARICE HOBSON.	HAZEL M. SPILSBURY.
Mrs. VERA C. M. JAMES.	GRACE STANIFORTH.
Mrs. CONSTANCE E. JONES.	SYLVIA M. WILLIAMSON.
DOREEN A. KIRK.	Mrs. ELSIE S. WOODWARD.
CONSTANCE M. LAMBERT.	

(Two vacancies for School Nursing Sisters).

Nursing Assistants.

Mrs. DOROTHY R. BAKER.	BETTY LOUND.
KATHLEEN I. BELL.	NORRIE A. SMITH.
DOROTHY BURDEKIN.	ROSALIE V. SWEENEY.
WINIFRED CLEGG.	Mrs. MARY E. TOWNEND.
ENID CLOUGH.	Mrs. JOAN M. TURNER.
Mrs. MARY CRAPPER.	KATHLEEN E. WRIGHT.
ELIZABETH GILL.	

Principal School Dental Officer.

EDGAR COPESTAKE, L.D.S.

School Dental Officers.

AIDAN C. BLOOMFIELD, L.D.S.
 ALBERT E. CLARKE, L.D.S.
 *JOHN M. COTTON, B.D.S., L.D.S.
 ALFRED E. GISBURN, L.D.S.

EDITH M. HAGUE, L.D.S.
 EDMUND A. REEVE, L.D.S.R.C.S.
 AGNES M. THOSEBY, L.D.S.

(Five vacancies for School Dental Officers).

Dental Anaesthetist.

*IAN ASHFORTH, M.B., Ch.B.

Dental Attendants.

JANET ALBISTON
 JEAN SMITH BANBURY.
 DOROTHY V. BROWN.
 Mrs. OLGA V. HABERSHON.
 WINIFRED M. McKENZIE.

CLARE E. MARLOW.
 CLARA L. MARSDEN.
 Mrs. FRANCES MORRIS.
 Mrs. AUDREY ROSS.

(Four vacancies for Dental Attendants).

Oral Hygienist.

(Vacancy).

Dental Technicians.

CLIFFORD J. ATKIN (Senior).
 (Vacancy for Dental Technician).
 (Vacancy for Apprentice).

Senior Speech Therapist—Mrs. ANNE A. STOCKDALE, L.C.S.T.**Speech Therapist.**

ANNE B. CHAPMAN, L.C.S.T.

Assistant Speech Therapists.

JANET A. NORTH, L.C.S.T.

MARGARET R. WEBSTER, L.C.S.T.

Chiropodist—*LEONARD ALDAM, M.Ch.S.**Physiotherapist**—(Vacancy).**Officer for the Ascertainment of the Deaf**—*GABRIELLE PHILLIPS, B.Sc.**After-Care Officer**—ELLEN TRUMAN.**Dispenser at Clinics**—GEORGE WARRILOW.**Orthoptists.**

†*Mrs. JEAN DRAYCOTT, D.B.O. (T.).

†*JENNIFER A. SMITH, D.B.O.

†*CHRISTIANE WIBEL, D.B.O.

Clerical Staff.

WILLIAM F. HERN (Chief Clerk).

DONALD STANIFORTH, D.P.A. (Senior Clerk).

RITA BARRATT.
 JOYCE BENTON.
 MARGARET BIRCH.
 BETTY E. BLACKWELL.
 PATRICIA BOULBY.
 Mrs. RITA BURKINSHAW.
 Mrs. CONSTANCE CLINTON.
 FRANK CROOKES.
 JEAN E. CUCKSON.
 ROGER A. DODDS.
 BARBARA DYSON.
 Mrs. DOREEN FARNSWORTH.
 JOAN FOX.
 JUDITH C. FOX.
 Mrs. DOROTHY K. GLAVES.
 ELIZABETH HARRITY.

LESLEY HERON.
 KATHLEEN HUTCHINSON.
 PATRICIA McILVEEN.
 Mrs. DOROTHY MacDONALD.
 DEREK MATTHEWMAN (H.M.F.)
 PATRICIA MORRIS.
 FRED A. NEEDHAM.
 JOHN A. SARGENT.
 LILIAN SMITH.
 JOAN M. SPARLING.
 WILLIAM H. STARK (H.M.F.)
 ALVAN J. SWIFT.
 ANN M. THOMPSON.
 Mrs. BRENDA J. WALSH.
 Mrs. SILVIA M. WILLIAMS.

CHILD GUIDANCE CENTRE.**Medical Director**—THE SENIOR SCHOOL MEDICAL OFFICER.

NOEL E. WILDE, M.Sc., F.B.Ps.S.
 (Educational Psychologist in charge).

RUTH J. M. GARDEN, M.A., Ed.B.
 (Educational Psychologist).

PETER F. PORTWOOD, B.Sc., A.B.Ps.S.
 (Educational Psychologist).

JOHN R. WILSON, B.A.

(Educational Psychologist).

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,

D.P.M. (Psychiatrist).

*Mrs. C. ROSE HOLMES.

(Psychiatric Social Worker).

(Vacancies for Educational Psychologist and Psychotherapist).

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN.

KATHLEEN GRAYSON (Matron).

MURIEL M. HARTLEY.

(Resident Enrolled Assistant Nurse).

(Vacancy for Resident Assistant House Mother).

SHEFFIELD SCHOOL FOR BLIND CHILDREN.

GERALDINE CREHAN (Matron-Housekeeper).

MAUD MAXFIELD SCHOOL FOR THE DEAF.

Mrs. WINIFRED L. WOODLEY (Matron-Housekeeper).

* Part-time Officer.

† Appointment by arrangement with the Regional Hospital Board.

SCHOOL HEALTH SERVICE, CENTRAL CLINIC, 7, Leopold Street, Sheffield, 1. (Telephone 26341).

SUMMARY OF WORK, 1958

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,812	
Periodic Health Inspections	19,721	
Selected cases	950	
“ Following up ”	4,964	
Special cases	2,007	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics.. .. .	17,348	33,879
OPHTHALMIC CLINIC—		
Examined by the Surgeon	4,205	4,866
Dressed by Nursing Sisters	1,303	5,151
Orthoptic treatment	618	1,929
AURAL CLINIC—		
Examined by the Surgeon	537	775
Dressed by Nursing Sisters	1,881	11,987
DENTAL CLINICS—		
Inspected at Schools	36,389	
Inspected at clinics	4,834	
Treated by School Dental Surgeons	12,463	23,732
ORTHOPÆDIC CLINIC—		
Examined by the Surgeons	350	450
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	117	138
CHILD GUIDANCE CENTRE	607	4,552
SPEECH THERAPY CLINIC	447	4,791
CHIROPODY CLINIC—		
Treated by the Chiropodist	631	1,428
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	4,148	5,724
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	261,400	
Visits to homes	2,131	
Minor dressings at clinics and schools	15,422	45,703
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		145,105

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimated mid-1958)	498,800
Area	39,598 acres.
Density of Population.. .. .	12.60 persons per acre.
Rateable Value.. .. .	£5,502,816
Education Rate	91.43d.
Penny Rate produces	£23,730
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	167
Number of departments	223
Number on rolls	72,779
Special Schools—	
Number of schools	16
Number on rolls	1,299

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1958.

Dr. Marion Taylor retired at the end of August. In taking over the mantle of Principal School Medical Officer I am deeply conscious of my indebtedness to Dr. Taylor and her predecessors, under whose guidance the School Health Service has evolved over a period of some fifty years.

Great changes have occurred over the years. The circumstances which brought the service into being are largely of the past but, in the meanwhile, new fields of responsibility have been recognised. As the original problems which faced the Service were surmounted, the outlook has broadened. First school children were given advantages of diagnostic and treatment facilities which at the time were not generally available. Later, as this need became less prominent, the school health service has tended to concentrate more on the ascertainment of disabilities, particularly with a view to selecting children for special educational treatment. Although still a health service to promote the education of children, it is now essentially part of a larger conception. As the relationship between the school health and other health services has come to the fore, it may be helpful to briefly review changes in emphasis that have already occurred since the advent of the National Health Service.

Since 1948 attendances at school clinics have been falling steadily, and this is particularly true of children attending for the treatment of minor ailments. It is apparent that many children who formerly attended a school clinic are now taken for treatment to the family doctor. The School Health Service is essentially a preventive service and, while diagnosis and early treatment may prevent permanent disability, most people would agree that it is not the function of an education service to provide medical treatment if it can readily be obtained through the National Health Service.

There are some forms of treatment for which little provision has been made outside the School Health Service, notably speech therapy, child guidance and chiropody.

Speech therapy has developed to such an extent that in the past ten years clinic attendances have been doubled. There has been some expansion of the Child Guidance Service but, as in many other parts of the country,

staffing difficulties have restricted development. Mental ill-health looms large as one of the community's most pressing problems. As the Report of the Committee on Maladjusted Children pointed out "the maladjusted child of yesterday can be the maladjusted parent of today, and his offsprings the maladjusted children of tomorrow." The treatment of minor foot troubles may prevent the development of disabling conditions in adult life and there has been a slight increase in the number of children referred for chiropody.

The dental staffing position has just about held its own but there have been constant depletions. Although recruitment into the dental profession appears to be improving, this trend is more than offset by the large number of dentists who are approaching retiring age. I commend to your attention the remarks of the Principal School Dental Officer regarding fluoridation, although I also appreciate that the City Council, as Water Authority, must consider this problem from all angles.

Ophthalmic and Aural Clinics on school clinic premises are now provided by agreement with the Regional Hospital Board, but the work has continued largely unchanged. At the time the National Health Service was being established the post of orthoptist was vacant ; three hospital orthoptists are now working at clinics for part of their time. The number of children attending the Heart Clinic has fallen, probably because of a reduction in the severity of rheumatic fever. In 1948 there were 143 notifications of juvenile rheumatism ; in 1958 there were only 12. As is mentioned on page 13, there is also a fall in the number of children referred to the school orthopædic clinics. All these services are closely linked with the work of the teachers and school nursing sisters, and there is no need to stress the value of this arrangement in ensuring that treatment is continued.

The common infectious diseases of childhood still cause considerable loss of school time. Outbreaks of scarlet fever and measles occur fairly regularly but with the help of modern treatment they rarely have any serious consequences in children of school age. It is too much to hope that the protection of young children with whooping cough vaccine will result in the same dramatic disappearance of this disease that followed the diphtheria immunisation campaign. Nevertheless there has been a most welcome reduction in whooping cough in the last two or three years. There is also a hope that the threat of poliomyelitis may become a fear of the past once a sufficient proportion of the population has been immunised.

The risks of contracting pulmonary tuberculosis are highest when young people first take up employment. B.C.G. vaccination of school leavers—a scheme introduced in 1954—is designed to protect this group before they leave the sheltered environment of the school. The forms of tuberculosis affecting the abdomen and spine were once responsible for prolonged illness in childhood, and tuberculosis of the glands of the neck was a common cause

of unsightly scarring. These conditions although still with us are now almost a rarity, largely due to pasteurisation of milk and the measures taken to eliminate tuberculosis from cattle.

Scabies and other infectious skin conditions are, in general, becoming less common though the incidence of plantar warts seems to have increased. There has been an encouraging reduction in the past ten years in the number of children with signs of head lice. This has been achieved by a sustained effort on the part of the Chief School Nursing Sister and her staff, but infestation is constantly reintroduced into schools. This is usually a family infestation and there is a hard core of "bad cases" arising from the fact that adult members of the family act as a reservoir which can only be eliminated by persuading the whole family that they require treatment.

One of the most important developments during the past ten years has been the extension of the arrangements made for the ascertainment of deafness. The number of children tested by routine audiometry has trebled during this period, the gramophone audiometer having given place to the pure-tone instrument. In May, 1956 a special clinic was set up for the ascertainment of deafness among very young children, and the initiation of auditory training.

It has been increasingly recognised that the School Health Service cannot exist in isolation from other health services. There has been a freer exchange of information with the family doctor, both before referring cases to a consultant and also when the child leaves school. A system was introduced in Sheffield in 1954 of sending a letter to the family doctor, when the child left school, informing him of any important features noted on the school medical record card.

At the end of 1958 two doctors carried out duties in both the school health and other local health services. This is a first start to what it is hoped will prove a wide field of co-operation. I hope the advantages will increasingly be recognised of a school nursing sister who is also a qualified health visitor. While the staffing position will not make any general reshuffling of duties possible, it is hoped to demonstrate the value of this arrangement in selected areas of the City and to increase the contacts with the parents of the children. The place of the nurse, both in the clinic and at school, is well recognised but at the same time the future lies with the family health visitor who is able to establish a firm relationship with the parent from the birth of the first child.

The present close co-operation with the Specialist services has partly arisen from the fact that so many have been provided on school clinic premises. Should, unfortunately, it come to pass that there is a gradual withdrawal of Consultants to the confines of the hospital, some other way will have to be sought to preserve this essential link.

My knowledge of the School Health Service in Sheffield is still not as extensive as I would wish. The picture that has been drawn has emerged from a delving into the Annual Reports over the past ten years. Before I came to Sheffield in 1947 I was in close personal contact with the problems of the School Health Service as they then existed. The view point is no longer the same but there are still many familiar features on the landscape. It is still as true today as it was then that, whatever the current trends in the service, its value depends on the calibre of the doctors, nurses, and other staffs taking part.

Samuel Lover said, "When once the itch of literature comes over a man nothing can cure it but the scratching of a pen". However, I am also reminded (2 Maccabees, ii, 32) "it is a foolish thing to make a long prologue, and to be short in the story itself". Perhaps, therefore, I should not come further between the reader and an account of the services with which he is particularly concerned. I hardly think it is necessary to make any further comments on the detailed information given in the main body of the Report, but the various contributions provide much material for thought.

The Report has been prepared under the guidance of Dr. Oates, Senior School Medical Officer, but in compilations of this nature it is inevitable that much of the work must fall on Mr. Hern and his administrative colleagues. I would also like to thank Dr. Shaw, the Deputy Medical Officer, for all his help. My thanks are due to all who have shared in the enterprise.

I would like to take this opportunity of acknowledging the help received from Mr. Tunn, the Director of Education, and the consideration shown by the Chairman and Members of the Child Welfare Sub-Committee. The assistance and guidance of the teachers, although taken for granted, is an invaluable asset which the health services draw on heavily from year to year. It would also be remiss of me to let the occasion pass without recording my sincere appreciation of the help and co-operation given by the School Health Service staff.

LLYWELYN ROBERTS,
Principal School Medical Officer.

CLINICS

Clinic	No. of Schools	No. of Depts.	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	All	Full-time.	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunization clinics.
Clinic for Young Deaf Children, 7, Leopold Street	All	All	Thurs. mornings and afternoons.	Diagnosis of Degree of Deafness and Auditory Training.
Child Guidance Centre, 9, Newbould Lane	All	All	Full-time.	Child Guidance.
Speech Therapy Clinic, 9, Newbould Lane	All	All	Full-time.	Speech Therapy.
DISTRICT MEDICAL CLINICS.				
Attercliffe Branch Clinic, Vicarage Road	11	18	Mon., Tues., Wed., and Fri. afternoons and Sat. mornings.	Inspection, minor ailment and immunization clinics.
Central Clinic, 7, Leopold Street—District E	16	24	Mon., Wed. and Sat. mornings.	
District F	21	26	Tues. and Thurs. afternoons & Sat. mornings.	
Greenhill Branch Clinic, Greenhill County School	6	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	9	14	Wed. mornings.	
Heeley Branch Clinic, Lowfield County School	24	34	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Hillsborough Branch Clinic, Broughton Road	16	27	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Manor Branch Clinic, Prince Edward County School	15	27	Mon., Wed. and Thurs. afternoons and Sat. mornings.	
Pitsmoor Branch Clinic, Ellesmere Road County School	11	22	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Shiregreen Branch Clinic, Shiregreen County School	10	16	Mon. and Wed. afternoons and Sat. mornings.	
Southey Green Branch Clinic, Southey Green County School	2	5	Thurs. afternoons.	
Wisewood Branch Clinic, Wisewood County School	3	6	Wed. and Fri. afternoons.	
Woodhouse Branch Clinic, Balmoral Road, Woodhouse	2	2	Fri. mornings.	
Wybourn Branch Clinic, Wybourn County School	4	5	Mon. and Thurs. mornings.	
DENTAL CLINICS.				
Central Clinic, 7, Leopold Street ..	43	50	Varies.	Routine and casual dental treatment, special dental cases, and dental radiography.
Attercliffe Branch Clinic, Vicarage Road	12	21	„	
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	8	13	„	Routine and casual dental treatment
Heeley Branch Clinic, Lowfield County School	29	39	„	
Manor Branch Clinic, Prince Edward County School	25	40	„	Routine and casual dental treatment and orthodontics.
Owler Lane Branch Clinic, Owler Lane County School	11	21	„	
Southey Green Branch Clinic, Southey Green County School	5	11	„	Routine and casual dental treatment.
Western Road Branch Clinic, Western Road County School	10	19	„	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics	4,197	4,945	2,887	3,365	2,063	2,248	768	1,610	430	2,373	2,719	2,092	883	3,299	—	33,879
Child Guidance Centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,552	4,552
Speech Therapy Clinics	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,791	4,791
Treatment Clinics—																
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,866	4,866
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,929	1,929
Aural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	775	775
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23,732	23,732
Orthopaedic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	450	450
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	138	138
Diphtheria Immunization	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5,724	5,724
Chiropody	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,428	1,428
Dressings by School Nursing Sisters—																
Eye cases	261	393	257	250	169	47	23	21	410	86	197	65	301	2,671	5,151	5,151
Ear cases	2,483	1,359	1,395	424	942	101	453	210	458	751	362	99	1,305	1,645	11,987	11,987
Minor	4,652	3,052	3,580	2,818	2,198	551	746	267	2,619	4,581	1,850	881	5,078	12,830	45,703	45,703
TOTALS	11,593	9,749	8,119	6,857	7,620	1,467	2,832	928	5,860	8,137	4,501	1,928	9,983	65,531	145,105	145,105

STAFF

Dr. Taylor's retirement, the appointment of Dr. Oates as Senior School Medical Officer and Staff changes coinciding with the integration of the Local Health and School Health Services have been noted elsewhere. Dr. Das, who held a part-time post, has gone to Trinidad.

Three dental officers, Mrs. Redfearn, part-time, and Mr. Hawley and Mr. Reynolds, full-time, have resigned. This makes five vacancies on the establishment for school dental officers.

Three school nursing sisters have also resigned, Mrs. Spencer and Mrs. Proctor for domestic reasons, and Miss Wilmot for further training. They have been replaced by Mrs. Coggins, Miss Driver and Miss Kirk. There are still, however, two vacancies.

Miss Jones resigned from the post of nursing assistant, and Mrs. Townend and Miss Lound have been appointed in this capacity. Three dental attendants have resigned, one, Miss Bowie, on retirement. None have been replaced. There are four vacancies.

Miss Chapman was promoted on November 1st from assistant speech therapist to speech therapist and Miss Webster and Miss North appointed assistant speech therapists.

Miss Elliott, who has done such valuable work, firstly as head mistress of the Maud Maxfield School for the deaf and then in the clinic for the testing of the young deaf child, resigned in October and her place at the clinic has been taken by Miss Phillips.

Miss Stirgess, the After-care Officer, resigned on July 1st after eleven years of efficient work, and has been replaced by Miss Truman who formerly held the post of dental attendant.

At the Child Guidance Centre, Mr. Wilson replaced Mr. Tweddle as educational psychologist.

CO-OPERATION WITH THE NATIONAL HEALTH SERVICE

The specialist clinics arranged with the Regional Hospital Board continue as before, and letters are sent to the general practitioners giving the results of the consultants' examinations. The number of orthopædic cases shows a steady decline, as may be expected from the result of modern methods of treatment and the great reduction in tuberculous conditions. It is therefore suggested that the number of orthopædic clinics be reduced, and discussions are taking place with the Regional Hospital Board.

Liaison with the hospitals is good ; the pædiatricians send us copies of their letters to the general practitioners and results of investigations concerning school children ; contact with the hospital almoners is maintained, and, as before, a school nursing sister keeps this contact at one hospital by a weekly visit.

Co-operation with the general practitioners is of value, particularly with a child who is absent frequently from school. After the child's final routine examination, the practice is continued of sending a letter to the general practitioner if there is anything of clinical interest, and includes any recommendation made regarding future employment. During the year 363 letters were sent, that is 5.45 per cent. of the leavers as against 6 per cent. for the two previous years. The conditions with which the letters dealt were :—

DEFECTS	NO. OF CHILDREN
Defective vision	53
Defective colour vision	86
Other abnormalities of eyes	19
Deafness	46
Otitis media	15
Other E.N.T. conditions	5
Heart conditions	7
Chest conditions	31
Rheumatism	16
Epilepsy	18
Neurological	4
Orthopædic	38
Others	25
	<hr/>
	363
	<hr/>

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

Co-operation of all adults in any way concerned with the child is essential to his well-being and fortunately is readily obtained. 11,967 parents took advantage of attending with their children at the periodic health inspections, representing 57 per cent. attendances with boys and 65 per cent. with girls.

Most sincere appreciation is felt for the co-operation of teachers, inspectors, education welfare officers, the Children's Officer, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service.

Due acknowledgment and thanks are given to the local Press for their continued sympathetic and helpful presentation of school health topics.

During the year, the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made the usual excellent use of Fairthorn Convalescent Home. It opened from March 3rd to December 20th and during that period a total of 199 children (87 girls, 112 boys) benefited by convalescence there. Additional to this number are 61 children who went for holidays during the summer vacation, being selected from the poorer parts of the City by the teachers. All the children were examined by the school medical officers and deemed suitable.

PERIODIC HEALTH INSPECTION

Children are examined as soon as possible after entering school, in their first year at secondary school, and in their final school year. The head teachers thus have a full medical report on all entrants to their departments, and can discuss the health of any child with the doctor. An annual visit is made to junior schools for a medical survey, and selected children can then be examined. Frequent visits are also made to schools by the school nursing sisters. The main statistics on medical inspection will be found on pages 66 to 75 and the findings are given in accordance with the Ministry's requirements.

The number of children (1957 figures in brackets) found to require treatment at periodic health inspection for various defects was 3,310 (2,748). In addition 3,046 (2,552) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 4,964 (4,348) children were examined.

There were 950 (1,127) cases selected at the survey inspection and 126 (170) were found to require treatment.

The percentage of the periodic health inspections groups referred for treatment, excluding defects of nutrition, uncleanliness and dental disease, was 16·78 (13·86).

EXTRACTS FROM REPORTS OF SCHOOL MEDICAL OFFICERS

The general opinion of all the school medical officers is that the health of the children has been maintained.

In one district it is noted that skin lesions have been few and that blepharitis is now a rare condition, and here it was also noted that obesity in several children dated from the time of tonsillectomy.

A report from another district indicates a mild outbreak of papular urticaria and scabies in the summer and autumn.

The school medical officer from Attercliffe reports : " As yet we have not noticed any improvement in the amount of soot falling on the clinic as a result of the Clean Air improvements in the works, but I feel it is probably too soon to hope for this."

" Obesity " and " noise " seem to be the main themes ; typical is the following report, given in full :—

" Whilst there are no great changes in the health situation in this district, which remains satisfactory, I should, however, like to mention two points which have occurred to me ; namely :

1. *The obese child.*

Too many mothers imagine that " bonny " and " fat " mean the same thing, with the result that they are reluctant to believe a medical officer who tells them that their child is too fat.

Unless checked by an effective diet the obese child soon lapses into the vicious circle where, unable to compete successfully in sport with other children, the child evades P.T., etc., the resulting lack of exercise further aggravating the obesity.

Very often, because of this inability to keep up with the others, the child begins to feel inferior to its fellows and so ceases to take a full part in the social activities of the school, with reluctant discontent and moodiness.

If parents were to understand this they would realise that correct diet is of paramount importance if their child is to derive maximum benefit from school and social life generally.

2. Another point which has occurred to me is the desirability of noise suppression in all schools.

A lot of importance is nowadays given to the inverse ratio between excessive noise and efficiency in factories. I feel that prominence should be given to this in schools.

Certain of the more recently built schools have been designed expressly to keep noise to a minimum but in some older schools this desirable state of affairs does not exist.

A rough guide to the general noise level in a school is to note how loudly the teachers speak when lecturing. In some schools it will be noticed that teachers have to keep their voices raised, indeed sometimes to a shouting pitch, whilst in others a normal conversational level is sufficient to be clearly heard.

If noise level in a school is such that teachers must raise their voices to be heard, then that excessive noise level is producing the effect of so many decibels of hearing loss amongst those pupils under instruction at that school."

The reports from the open air schools—Whiteley Wood, Bents Green and Springvale House—are good. The arrangements at Bents Green Residential School, whereby parents can visit and take their children out any Saturday if they wish, has been greatly appreciated. It is only occasionally that this has been abused, and the child failed to return on the Saturday evening.

Visits, telephone calls and letters from the parents to the head teachers show how much these schools are appreciated.

GENERAL CONDITION

The classification of children under the term "General Condition" implies a general impression of the children's physical fitness. That the assessment is necessarily a subjective one is generally agreed; for example, one's standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good. The percentages found to be unsatisfactory were still very low, viz., boys, .07%; girls, .22%.

HEIGHTS AND WEIGHTS

The first table of anthropometric examinations of the children includes for comparison figures for the years 1920, 1938 and 1945 (pre-war and post-war years), and 1957. It has already been noted that the tendency in the past for an increase each year in the average height and weight for a particular age group is disappearing ; and in the second table, where a comparison between schools in varying types of districts is given, an ironing out of the difference between good and poor is also becoming apparent.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1957 Inches	1958 Inches	Number Examined 1958	Age	1920 Inches	1938 Inches	1945 Inches	1957 Inches	1958 Inches	Number Examined 1958
5	40.5	42.44	42.93	43.23	43.2	2,786	5	40.75	42.13	42.64	42.85	42.54	2,640
6	42.75	44.76	44.77	45.61	45.66	2,693	6	42.45	44.24	44.63	45.17	45.3	2,655
7	44.4	47.09	46.98	48.0	47.98	2,933	7	44.05	46.77	46.59	47.62	47.56	2,827
8	46.9	49.21	49.84	50.07	50.24	3,070	8	46.9	48.86	48.85	49.63	49.81	2,883
9	48.45	50.47	50.38	52.13	52.18	3,257	9	47.95	50.39	51.22	51.75	51.81	3,085
10	49.8	52.28	54.31	54.08	54.16	3,613	10	50.25	52.13	54.38	53.82	54.01	3,539
11	53.55	53.98	54.91	55.81	55.93	3,900	11	51.1	55.28	55.62	56.06	56.26	3,537
12	54.05	56.42	56.44	57.91	57.82	2,828	12	54.5	57.52	57.96	58.45	58.54	2,666
13	55.7	57.91	59.1	59.92	60.24	2,831	13	56.05	58.9	60.02	60.45	60.56	2,763
14	56.45	59.8	60.38	62.56	62.82	2,860	14	57.0	60.75	60.9	61.63	61.84	2,857
15	—	—	—	64.14	64.94	589	15	—	—	—	62.38	62.58	574
16	—	—	—	66.44	68.02	77	16	—	—	—	63.05	63.02	94

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1957 Pounds	1958 Pounds	Number Examined 1958	Age	1920 Pounds	1938 Pounds	1945 Pounds	1957 Pounds	1958 Pounds	Number Examined 1958
5	38·6	41·49	41·58	43·51	43·49	2,786	5	38·9	39·93	40·18	42·1	42·19	2,640
6	42·2	45·72	44·95	48·25	48·43	2,693	6	40·45	43·87	43·71	46·89	47·26	2,655
7	45·1	51·1	49·77	53·81	54·02	2,933	7	42·1	49·21	47·62	52·69	52·79	2,827
8	50·15	56·17	57·12	59·65	60·22	3,070	8	49·05	54·17	54·41	58·46	58·87	2,883
9	52·25	60·0	61·73	65·74	66·45	3,257	9	52·2	58·0	59·12	65·12	65·45	3,085
10	57·7	64·29	74·52	72·55	73·09	3,613	10	53·4	63·8	67·61	72·37	73·36	3,539
11	68·2	70·86	73·49	79·23	79·85	3,900	11	61·75	75·44	77·48	80·84	82·31	3,537
12	70·4	80·14	79·35	88·42	88·59	2,828	12	71·05	83·47	85·85	91·88	95·46	2,666
13	73·75	85·61	90·07	98·23	99·59	2,831	13	77·35	89·66	96·04	103·39	104·18	2,763
14	79·55	94·14	95·16	110·09	110·96	2,860	14	78·95	100·5	99·65	110·29	111·78	2,857
15	—	—	—	119·07	123·35	589	15	—	—	—	115·1	116·18	574
16	—	—	—	132·69	136·11	77	16	—	—	—	118·52	120·29	94

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	2,786	43.2	724	43.71	1,509	43.18	553	42.59	5	2,640	42.54	675	43.37	1,431	42.75	534	43.		
6	2,693	45.66	727	46.21	1,446	45.52	520	45.27	6	2,655	45.3	675	45.88	1,426	45.17	554	44.93		
7	2,933	47.98	799	48.69	1,600	47.78	534	47.53	7	2,827	47.56	716	48.13	1,599	47.44	512	47.14		
8	3,070	50.24	775	50.88	1,668	50.08	627	49.84	8	2,883	49.81	766	50.52	1,569	49.66	548	49.21		
9	3,257	52.18	869	52.78	1,822	52.07	566	51.58	9	3,085	51.81	770	52.37	1,711	51.67	604	51.5		
10	3,613	54.16	956	54.82	1,954	54.02	703	53.65	10	3,539	54.01	916	54.51	1,958	53.92	665	53.59		
11	3,900	55.93	1,202	56.5	2,001	55.73	697	55.5	11	3,537	56.26	1,000	56-84	1,911	56.13	626	55.71		
12	2,828	57.82	871	58.39	1,477	57.64	480	57.35	12	2,666	58.54	855	59.18	1,326	58.34	485	57.96		
13	2,831	60.24	775	60.85	1,560	60.01	496	60.01	13	2,763	60.56	840	61.06	1,460	60.42	463	60.05		
14	2,860	62.82	860	63.35	1,447	62.59	553	62.58	14	2,857	61.84	841	62.19	1,488	61.75	528	61.55		
15	589	64.94	272	65.61	243	64.38	74	64.32	15	574	62.58	272	62.99	199	62.25	103	62.12		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

GIRLS											
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools				
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds			
5	2,640	42.19	675	43.09	1,431	42.08	534	41.36			
6	2,655	47.26	675	48.38	1,426	46.97	554	46.63			
7	2,827	52.79	716	54.02	1,599	52.43	512	52.2			
8	2,883	58.87	766	61.09	1,569	58.35	548	57.27			
9	3,085	65.45	770	66.64	1,711	65.04	604	65.11			
10	3,539	73.36	916	74.96	1,958	72.86	665	72.63			
11	3,537	82.31	1,000	83.51	1,911	82.1	626	81.04			
12	2,666	95.46	855	94.58	1,326	97.81	485	90.6			
13	2,763	104.18	840	105.29	1,460	103.93	463	102.95			
14	2,857	111.78	841	112.83	1,488	111.46	528	111.			
15	574	116.18	272	118.83	199	113.56	103	114.24			

BOYS											
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools				
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds			
5	2,786	43.49	724	44.27	1,509	43.48	553	42.52			
6	2,693	48.43	727	49.21	1,446	48.33	520	47.64			
7	2,933	54.02	799	55.69	1,600	53.57	534	52.83			
8	3,070	60.22	775	61.85	1,668	59.75	627	59.46			
9	3,257	66.45	869	67.89	1,822	66.36	566	64.53			
10	3,613	73.09	956	74.74	1,954	72.94	703	71.27			
11	3,900	79.85	1,202	81.58	2,001	79.11	697	79.			
12	2,828	88.59	871	90.19	1,477	88.2	480	86.91			
13	2,831	99.59	775	103.01	1,560	98.28	496	98.35			
14	2,860	110.96	860	113.98	1,447	111.42	533	110.21			
15	589	123.35	272	126.41	243	120.59	74	121.16			

SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1958, are as follows :—

1958				1958			
January	33,809	July	32,761				
February	32,007†	August	*				
March	33,832	September	34,647				
April	33,756	October	34,927				
May	34,001	November	34,478				
June	32,841	December	34,923				

* All Schools closed in August.

† Exceptional weather conditions

adversely affected the average attendance in the Schools.

	1957	1958
Number of dinners supplied on payment	5,496,088	5,579,665
Number of dinners supplied free ..	479,858	516,965
Number of dinners supplied on part payment of 6d.	6,880	17,311

The following is the number of children on free meals in December, earlier years being included for comparison :—

1952	1953	1954	1955	1956	1957	1958
3,987	4,117	3,560	3,231	2,862	2,960	3,527

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one one-third pint bottle per day per child and no charge is made.

All milk supplied to the schools is pasteurised.

1958	Primary and Secondary Schools	Grammar Schools	Non-Maintained Schools	Totals
January	55,051	4,112	2,878	62,041
February	53,856	3,447	2,886	60,189
March	53,538	4,065	2,861	60,464
April	53,917	3,866	2,762	60,545
May	55,171	4,346	2,995	62,512
June	55,126	4,190	2,926	62,242
July	55,089	4,145	2,867	62,101
August	—	—	—	— *
September	55,801	5,003	2,922	63,726
October	55,714	4,852	2,937	63,503
November	54,765	4,800	2,901	62,466
December	53,729	3,938	2,846	60,513

* All Schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1958, 86·7 per cent. of pupils received beverage milk and 45·4 per cent. received dinners.

CLEANLINESS

The figures obtained at the periodic health inspections are given below and show that a fairly high standard of cleanliness is being maintained.

CLEANLINESS OF HEAD

					CLEAN per cent.	INFECTED HAIR per cent.		
Boys	..	1945	..	..	97.04	2.96	(Nits 2.81	Lice 0.15)
		1955	..	..	98.86	1.14	(„ 1.07	„ 0.07)
		1956	..	..	99.37	0.63	(„ 0.62	„ 0.01)
		1957	..	..	99.42	0.58	(„ 0.58	„ —)
		1958	..	..	99.45	0.55	(„ 0.54	„ 0.01)
Girls	..	1945	..	..	83.24	16.76	(„ 15.83	„ 0.93)
		1955	..	..	95.07	4.93	(„ 4.87	„ 0.06)
		1956	..	..	97.16	2.84	(„ 2.82	„ 0.02)
		1957	..	..	97.57	2.43	(„ 2.42	„ 0.01)
		1958	..	..	97.54	2.46	(„ 2.45	„ 0.01)

CLEANLINESS OF BODY

					CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys	..	1945	..	..	99.56	0.41	0.03
		1955	..	..	99.97	0.03	—
		1956	..	..	100.00	—	—
		1957	..	..	100.00	—	—
		1958	..	..	99.98	0.02	—
Girls	..	1945	..	..	99.65	0.30	0.05
		1955	..	..	99.98	0.02	—
		1956	..	..	99.98	0.01	0.01
		1957	..	..	99.99	0.01	—
		1958	..	..	99.97	0.03	—

HYGIENE OF SCHOOL BUILDINGS

At the close of periodic health inspections, the school medical officers make an examination of the hygienic condition of the schools. Any structural defects, or suggested alterations or additions which might improve the health of the children, are reported.

The new schools completed are Abbeydale Grammar Boys, Chaucer Secondary, Newfield Secondary Boys and the College of Technology—an eight storey block and workshops. Alterations and additions have been made to eight other schools, playing fields at three schools and new kitchen-dining-rooms at two schools.

A permanent clinic at Attercliffe now happily replaces the huts previously in use.

INSPECTION AND MINOR AILMENTS CLINICS

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered. The following table records the nature of the consultations during the year:—

INSPECTION AND MINOR AILMENTS CLINICS 1958

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Green-hill
SKIN—								
Ringworm—Scalp ..	1	—	2	—	—	—	—	—
Body ..	1	—	—	—	—	—	—	—
Scabies	13	1	—	—	2	2	1	—
Impetigo	10	6	1	1	3	—	—	1
Other	298	318	319	420	690	311	103	5
EYE—								
Defective vision ..	108	108	191	221	75	144	97	46
Squint	20	7	3	5	7	8	3	1
Other	93	92	58	78	36	41	23	23
EAR—								
Defective hearing ..	73	17	15	44	63	17	11	4
Otitis media	136	41	17	19	32	12	23	6
Other	155	124	105	67	40	38	61	27
NOSE AND THROAT—								
Chronic tonsillitis and adenoids	27	22	1	2	32	24	12	1
Other	216	69	94	43	38	43	14	22
SPEECH	47	29	9	27	28	15	27	9
LYMPHATIC GLANDS ..	10	39	—	—	3	—	8	—
HEART	7	3	3	6	7	11	7	3
LUNGS	100	35	12	5	43	74	14	10
DEVELOPMENTAL—								
Hernia	1	5	—	—	—	—	1	—
Other	3	—	—	—	—	—	—	—
ORTHOPÆDIC—								
Posture	—	—	—	—	—	—	2	—
Feet	10	—	—	—	—	—	—	—
Other	51	89	32	32	39	46	33	15
NERVOUS SYSTEM—								
Epilepsy	1	8	8	3	8	15	3	1
Other	12	3	2	2	3	4	—	—
PSYCHOLOGICAL—								
Development	—	—	1	7	22	25	2	5
Stability	34	10	8	6	18	27	21	—
ABDOMEN	29	28	5	—	5	1	8	2
OTHER	665	841	907	874	730	634	318	193
Cases	2,121	1,895	1,793	1,862	1,924	1,492	792	374
Examinations	4,197	4,945	2,887	3,365	2,063	2,248	1,610	768

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	—	—	3	SKIN—
—	—	—	—	—	—	1	Ringworm—Scalp
—	3	14	—	1	1	38	Body
—	1	19	—	—	—	42	Scabies
7	178	375	211	38	98	3,371	Impetigo
							Other
							EYE—
24	98	127	36	15	36	1,326	Defective vision
—	4	4	4	1	—	67	Squint
5	51	17	43	10	46	616	Other
							EAR—
3	19	32	8	6	6	318	Defective hearing
4	18	36	12	7	24	387	Otitis media
11	54	58	51	12	58	861	Other
							NOSE AND THROAT—
11	20	56	—	14	—	222	Chronic tonsillitis
19	184	43	72	57	226	1,140	and adenoids
							Other
9	17	21	16	4	9	267	SPEECH
—	4	—	12	4	—	80	LYMPHATIC GLANDS
1	2	9	—	1	1	61	HEART
8	58	13	9	39	7	427	LUNGS
							DEVELOPMENTAL—
—	1	1	—	—	—	9	Hernia
—	3	3	1	1	—	11	Other
							ORTHOPÆDIC—
—	1	—	—	1	—	4	Posture
—	4	—	—	—	3	17	Feet
2	47	40	92	15	35	568	Other
							NERVOUS SYSTEM—
—	7	4	13	—	2	73	Epilepsy
17	13	—	6	5	—	67	Other
							PSYCHOLOGICAL—
2	1	4	5	—	2	76	Developmental
—	2	3	1	—	5	135	Stability
—	20	2	2	9	75	186	ABDOMEN
59	385	401	450	178	352	6,987	OTHER
182	1,195	1,282	1,044	418	986	17,360	Cases
430	2,373	2,719	2,092	883	3,299	33,879	Examinations

DISEASES OF THE SKIN

Some skin diseases call for special comment.

SCABIES

There was a rise in the incidence of scabies last year, but the cases were quickly brought under control.

Year								Number of cases notified by school doctors
1942	..	..	..	..	..	..	..	2,657
1956	..	..	..	..	..	..	..	14
1957	..	..	..	..	..	..	..	17
1958	..	..	..	..	..	..	..	38

RINGWORM OF THE SCALP

There were three cases during the year, all of whom were referred to the Royal Infirmary according to agreement.

EYE DEFECTS

The number of children found to have defective vision at the periodic health examination are detailed below :—

					Defective vision per cent.
	Number examined				
Boys	..	..	9,670	..	12·21
Girls	..	..	9,114	..	13·01

Visual Acuity.

In addition, the school nursing sisters test the visual acuity in certain other age groups, namely 7, 9 and 13 years. This means that with the visual testing at periodic health inspection the children's eyes are tested every other year. The school nursing sisters referred 484 children to the medical officers at the clinics ; of these, 355 were found to require examination by the ophthalmologist and 124 were kept under observation. No treatment was found to be necessary in the other 5 cases.

OPHTHALMIC TREATMENT

Mr. Ferguson, the Ophthalmologist, contributes the following :—

“ The number of school children with defective vision found at routine medical examination has increased in the last ten years.

1948	Number examined — 16,567	Number found to have defective vision — 376
1958	Number examined — 18,784	Number found to have defective vision — 835

The year 1950 is taken as the first complete year after the Regional Board took over the responsibility for the School Ophthalmic Service.

1950	Total number seen in year ..	5,223	36% of children ordered glasses.
	Number of glasses ordered ..	1,986	
1958	Total number seen in year ..	4,205	73% of children ordered glasses.
	Number of glasses ordered ..	3,071	

In recent years every effort has been made to reduce the number of attendances per patient per year ; it is nearly always possible now to do a complete examination at one session, rather than have the children back in a week to complete the examination when glasses are required, and then checking the glasses again in a few months.

Over recent years the old chronic inflammatory eye diseases such as ulceration of the cornea, and severe inflammation of the lids, which were at one time a common finding at ophthalmic clinics, have virtually disappeared.

ORTHOPTIC CLINIC

It is too early yet to assess the results of the visuoscope examination (report 1957). 100 cases of amblyopia are being collected and the results correlated. It is hoped that, by the use of this apparatus, we shall have more information as to whether we are likely to be successful in getting certain "lazy eyes" to function or whether they are best left alone because it is impossible to improve them, abnormal reflex paths having already been laid down.

BENTS GREEN SPECIAL SCHOOL—CLASSES FOR PARTIALLY SIGHTED CHILDREN

There are now some vacancies. Children with moderate defective vision manage at ordinary schools with sympathetic understanding from the teachers. Again, no child is in the school for myopia *per se*. High myopia does not present much difficulty from the educational point of view. Whatever theories may be held about advancing myopia, children will always use what sight they have to the full. Restriction of exercise for fear of retinal detachment and other complications may be enforced at school, but it cannot be enforced at home. Advice can be given to myopes in general health terms, remembering that the serious effects of high myopia are often seen in middle age.

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Retrolental fibroplasia now accounts for over a third of the cases of blindness and is by far the commonest serious eye condition to cause loss of sight in infancy. The admissions show no sign of diminishing ; the children do not come from any special area, the cases are sporadic. The vast majority of cases of retrolental fibroplasia are blind, it is only a minority who are partially sighted, and they are not in the School for Blind Children."

There were 3,071 pairs of spectacles prescribed. In addition, 170 repeat prescriptions were issued.

						Cases	Attendances
Errors of refraction :—							
Hypermetropia	..	..	..	..	..	96	110
Myopia	..	..	..	..	..	777	874
Astigmatism	..	..	..	..	..	2,275	2,634
Anisometropia	..	..	..	..	..	196	229
Congenital defects	..	..	..	..	..	163	196
Inflammatory conditions	..	..	..	..	..	40	49
Injuries	..	..	..	..	..	22	30
Squint :—							
Strabismus, convergent			..	..	..	317	380
„ alternating convergent				..	..	114	138
„ alternating divergent				..	..	5	6
„ divergent	..	..	..	..	..	25	33
Phoria	..	..	..	..	..	41	50
Other	..	..	..	..	..	134	137
						4,205	4,866

ORTHOPTIC TREATMENT

At the beginning of the year the outstanding cases from 1957 were 367. Of 276 new children referred during the year 251 became registered patients, and the total attendance was 1929. 478 cases were still open at the end of the year and 140 were discharged. The details of those discharged follow:—

Consultative only (no treatment necessary)	..	..	..	10
After investigation found to be unsuitable for treatment	..			19
Cured	..	..	..	43
Cosmetically satisfactory	..	..	..	22
Left district or unable to attend	..	..	..	16
Failed to attend	..	..	..	30

EAR, NOSE AND THROAT DEFECTS

The figures in brackets refer to the numbers for 1957.

Mr. Peasegood attended at the Central Clinic on one session a week to see children referred to him by the school medical officers.

The total number of children seen during the year was 537 (524) and of those 490 (467) were new cases. The children made 775 (805) attendances. The total number of operations performed was 530 (337), 510 (331) being for tonsils and adenoids only.

In addition the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	12
Royal Hospital	259
Children's Hospital	126
Tonsillectomy Unit	714

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	37
Otitis media	38
Tonsils and adenoids	256
Tonsils	11
Adenoids	51
Polypus	8
Other conditions, e.g., Rhinitis	47
Consultation—no treatment advised at present	89
	537

NUMBER OF CHILDREN WHO HAVE HAD OPERATIONS FOR THE REMOVAL OF TONSILS

The school medical officers noted at the school inspections all children who had previously undergone tonsillectomy. The results are given below for the school entrants and leavers :—

	Number examined			Number who have had tonsillectomy		Percentage	
	Girls	Boys	Total	Girls	Boys	Girls	Boys
Entrants	1,606	1,667	3,273	63	84	3.92	5.04
Leavers	3,360	3,296	6,656	485	390	14.43	11.83

AUDITORY TRAINING CLINIC FOR YOUNG DEAF CHILDREN

Dr. Swallow, the school medical officer in charge of the clinic for young deaf children, has submitted the following report :—

“ Average number of children attending each Thursday	5
Number of children admitted to the Maud Maxfield Nursery ..	5
Current cases attending during the year	12
Discontinued temporarily	1
Number of new cases during the year :—	
Referred by otologist, Sheffield Children's Hospital ..	3
Referred by Derbyshire County Council	1
Referred by otologist to Hong Kong Naval Hospital ..	1
	<hr/>
	5
	<hr/>

The little girl (aged 3 years) from Hong Kong was first seen early in November, 1958, with a view to her admission to the Maud Maxfield School. She was found to have a fair amount of hearing and, after consultations with the local consultant and the headmistress at the Maud Maxfield School, it was thought best, in view of her age and dependence on the mother, to allow her to return to Hong Kong in January, 1959, rather than be separated from her parents and sister for at least two years. While she remained in Sheffield, arrangements were made for her to attend the Maud Maxfield School Nursery and she was also seen frequently at the Auditory Training Clinic. She was provided with a National Health transistor hearing aid and was using this quite happily prior to her return to Hong Kong late in January, 1959. The mother has since written to the Clinic expressing on behalf of her husband and herself their great appreciation of the help given.

The parents continue to be extremely co-operative and in each case have attended the Clinic whenever requested to do so. Unfortunately this cannot be as often as we would wish owing to the limited accommodation available. This consists of one very small room which has been partially adapted for use with deaf children and for audiometric examinations. The accommodation cannot be considered satisfactory as the room is too small to allow the full freedom of movement necessary when examining young children, and also it is by no means soundproof. This is particularly unfortunate as it is on a main landing in the building where the traffic is considerable !

We were very sorry to lose the services of Miss Elliott in October. Her experience in dealing with deaf children made her a greatly valued colleague. Her place has been taken by Miss Phillips from the Maud Maxfield School.”

AUDIOLOGY

PURE TONE SWEEP AUDIOMETRY

The method for the systematic testing of hearing of apparently normal children of one complete age group has been described in previous reports.

The school entrants aged five years were tested between September, 1957 and July, 1958, but unfortunately 617 children were absent for all tests and a further number did not attend for retest after removal of wax and abatement of colds.

The total number tested was 5,298 and of these 228 (that is 4.3 per cent.) failed to reach the standard required. On clinical examination of the failures by the nurse, 125 were found to be suffering from catarrh, or had wax in the ears ; after treatment, 78 were re-tested and 56 had now regained normal hearing. This gave a total of 125 with defective hearing.

All those with the relatively greater loss of hearing are under investigation and treatment, and will be retested at a later date in case of deterioration.

The details of the clinical and audiometric findings follows :—

					Partially deaf
Number who failed the first test .. .. .	..	..	..	..	228
Number with wax in the ears .. .. .	..	..	..	..	66
Number with colds and catarrh .. .. .	..	..	..	..	59
				—	125
					103
Number with normal hearing after removal of wax ..	..	..	..	..	28
Number with defective hearing after removal of wax ..	..	..	..	..	9
Number who did not attend for retesting .. .. .	..	..	..	..	29
Number with normal hearing after abatement of cold ..	..	..	..	..	28
Number with defective hearing after abatement of cold ..	..	..	..	..	13
Number who did not attend for retesting .. .. .	..	..	..	..	18
					125

ANALYSIS OF 125 PURE TONE AUDIOGRAMS :—

Under 15 decibels loss .. .. .	..	..	..	..	7
15–20 decibels loss in one or both ears .. .. .	..	..	..	..	10
More than 20 decibels loss in one ear .. .. .	..	..	..	..	62
More than 20 decibels loss in both ears .. .. .	..	..	..	..	46

Analysis of the 46 children who have 20 or more decibels loss in both ears :—

20–30 decibels loss in the better ear .. .. .	..	..	..	..	36
30–40 decibels loss in the better ear .. .. .	..	..	..	..	8
40–50 decibels loss in the better ear .. .. .	..	..	..	..	2

Of those 46 children, 16 were referred to the Aural Surgeon by the school medical officer, and the following treatment ordered :—

Removal of tonsils and adenoids .. .. .	..	..	..	..	10
Removal of adenoids .. .. .	..	..	..	..	1
Politzerisation .. .. .	..	..	..	..	1
Bilateral antrum washout .. .. .	..	..	..	..	1
Observation and retesting .. .. .	..	..	..	..	1
Hearing aid .. .. .	..	..	..	..	1
Removed to another authority .. .. .	..	..	..	..	1

Four of the above children were recommended for special educational treatment and advised to sit in a favourable position for hearing in class.

Disposal of the 125 children who had pure tone audiograms and the conditions found :—

Children attending branch clinics	..	..	..	..	80
Children attending general practitioner	..	..	..	..	29
Children attending hospital	..	..	..	..	16
					—

Conditions found in those attending branch clinics :—

CONDUCTIVE DEAFNESS :—

Otitis media—Acute	..	..	..	..	..	6
Chronic—Active	..	..	..	..	..	3
Quiescent	..	..	..	..	..	4
Eustachian catarrh	..	..	..	..	..	63
For observation and retesting	..	..	..	..	..	4
						—
						80
						==

Of these children, 44 were referred to the Aural Surgeon :—

Removal of tonsils and adenoids	..	..	..	..	17
Removal of adenoids	..	..	..	..	1
X-ray of sinuses	..	..	..	..	1
Observation and retesting	..	..	..	..	2
Bilateral antrum washout	..	..	..	..	1
Politzerisation	..	..	..	..	1
Eustachian catarrh (no treatment)	..	..	..	..	17
Mixed deafness	..	..	..	..	2
Awaiting appointments	..	..	..	..	2
					—

PURE TONE AUDIOMETRIC TESTING

The total number of hearing tests carried out on the pure tone audiometer was 978. Of these 157 came forward through the sweep test and the analysis appears under that section, and 363 were retests of children followed up from previous years.

The remaining 458 children were referred as follows :—

School Medical Officers	..	..	..	..	..	427
Aural Surgeon	..	..	..	..	..	7
Speech Therapist	..	..	..	..	..	4
Head Teachers	..	..	..	..	..	15
Other Authorities	..	..	..	..	..	5
						—

ANALYSIS OF RESULTS (according to loss in the better ear) :—

Slight loss 1–20 decibels	..	..	..	..	..	26
More than 20 decibels loss	..	..	..	..	..	30
More than 30 decibels loss	..	..	..	..	..	11
More than 40 decibels loss	..	..	..	..	..	4
More than 50 decibels loss	..	..	..	..	..	—
More than 60 decibels loss	..	..	..	..	..	4
(All of these attend the Maud Maxfield School for the Deaf).						
Found to have no loss	..	..	..	..	..	383

A few of the above children had been tested for other authorities, but the diagnosis of the remaining 58 who attended branch clinics follows :—

CONDUCTIVE DEAFNESS

Eustachian catarrh	..	..	..	..	..	36
Otitis media—Acute	..	..	..	..	..	—
Chronic—Active			..	..	..	3
Quiescent			..	..	..	3
Perception deafness	..	..	..	..	..	12
Mixed deafness	..	..	..	..	..	1
For re-test (no diagnosis)	..	..	..	..	..	3
						58

42 of the above children were referred to the Aural Surgeon, who advised the following :—

- 21 — removal of tonsils and adenoids.
- 5 — removal of adenoids.
- 6 — X-ray of sinuses.
- 9 — bilateral antrum washouts
- 18 — politzerisation.
- 2 — bilateral antrostomy.
- 1 — radical mastoid.

NOTE.—Some of the children had more than one type of treatment.

SPECIAL EDUCATIONAL TREATMENT

15 children were of Grade IIA deafness and were recommended for special educational treatment. They were all advised to sit in a favourable position for hearing in the class. In addition, 7 were recommended to attend the class for lip reading. 8 were issued with hearing aids and 6 of them were recommended to attend the class for lip reading and one the Maud Maxfield School as a day pupil. A hearing aid was issued to a child who had been tested previously, whose hearing had deteriorated.

SPEECH THERAPY

Mrs. Stockdale, Senior Speech Therapist, submits the following report :

“ANALYSIS OF WORK CARRIED OUT DURING 1958

Cases already open on the 1st January, 1958	..	..	..	265
Cases opened during 1958	..	..	..	182
				447
Cases closed during 1958	..	..	..	130
				317

ANALYSIS OF CASES OPEN ON THE 31ST DECEMBER, 1958

Number under:—	Stammer	Speech Defect	Stammer plus Speech Defect	Dysarthria	Dysphasia	Cleft Palate	Total
Treatment ..	43	114	3	5	1	—	166
Supervision ..	44	97	3	5	—	2	151

The waiting list which stood at 99 on the 1st January, 1958, was reduced to 64 by the end of the year.

REASONS FOR CLOSURE DURING 1958

I. TREATMENT CASES. NO CAUSATIVE ORGANIC DEFECT DIAGNOSED.

	Regular treatment			Supervision		
	A	B	C	A	B	C
1. Good result	1	—	18	8	—	12
2. Improved as far as nature of defect will allow	1	—	1	4	1	1
3. Left school or district prior to completion of treatment	4	—	—	3	—	—
4. Closed for non-attendance	6	—	30	—	—	—
5. At parents' request	3	—	3	—	—	4
6. Unco-operative	1	—	1	—	—	1
7. Receiving treatment elsewhere	1	—	—	—	—	1
8. Unsuitable for speech therapy	—	1	—	1	—	—

A = Stammer
B = Stammer plus speech defect
C = Defective speech

II. OBSERVATION CASES.

Treatment not indicated after period of supervision	..	..	17
Treatment not indicated at preliminary interview	..	..	14

INTERVIEWS

Treatment interviews with children	..	..	..	..	..	3,608
Diagnostic interviews with children	..	..	..	..	..	169
Interviews with parents	..	..	..	..	..	1,319
Interviews with other members of School Health Service	..	..				170
Recall interviews after discharge	..	..	..	..	..	36

VISITS MADE BY THERAPISTS TO SCHOOLS, HOSPITALS, ETC. 117

NUMBER OF CHILDREN REFERRED TO OTHER SPECIALISTS

To Educational Psychologist for mental assessment	..	..	..			20
For audiometer test	..	..	..	..	..	8
For E.N.T. Examination	..	..	..	..	..	10

In the first six months of the year very few cases were opened, owing to the fact that Miss Less’s patients had to be assimilated. Miss North and Miss Webster were welcomed to the staff in September, thus increasing the numbers to four. It is felt that the Speech Therapy Department is in a position to offer a good service, i.e., that any child with a speech defect now has the opportunity of receiving treatment.

Speech Therapy sessions are provided at Manor, Greenhill and Shiregreen—a whole day is taken over at Manor and a half-day at the other two clinics. In the New Year, however, a full day will be available at Greenhill and Shiregreen. It is generally felt that the branch clinics have benefited the parents and children by the reduction in travelling time, and consequently the children are not away from school for so long. Closer contact is possible between school staff and the therapist.

Half-day sessions will be started at the schools for E.S.N. children in the New Year. Here again the therapist will be able to work closely with the teachers, which is essential if these children are to make progress.

The Speech Therapy Service has recently suffered owing to constant staff shortage. We hope that the present staffing situation will continue so that we can extend the service even more fully.”

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, MR. E. COPESTAKE

STAFF

At the end of the year, seven full-time and one part-time dental officer on two sessions a week were employed. Mr. N. J. Hawley and Mr. M. Reynolds resigned to take up appointments in the South of England, the former in March and the latter in October, after each having served for one year. The recruitment of young officers is difficult, so difficult that in 1957 only 91 full-time dentists, under the age of 30, were employed by a total of 145 local authorities in England and Wales.

Miss W. M. McKenzie was honoured in being invited to visit Canada and the United States as a guest of the associations of dental surgery assistants of those countries. The visit was made during August and everything possible was done by her hosts in order to make the trip most enjoyable and informative.

Mr. A. E. Gisburn was honoured by being elected as Chairman of the Sheffield and District Section of the British Dental Association and represented the Section at the Annual General Meeting of the Association in Dundee. He and the Principal School Dental Officer attended a weekend course in London on Dental Health Education, held in October.

CLINICS

The new dental clinic in the grounds of the Rowlinson Technical School was almost completed at the end of the year. It is a delightfully situated clinic ; designed and to be equipped, not only in a manner which is attractive to patients, but one which would encourage a dental officer to produce a high standard of work and provide conditions tempting enough to satisfy the most fastidious operator.

INSPECTION OF ROUTINE AND CASUAL PATIENTS

Dental officers visited 144 (137) school departments and inspected 36,389 (39,680) children. An additional 4,834 (5,009) children referred for treatment by head teachers and members of the school medical staff were examined in the dental clinics. Of those offered treatment after being examined in school, 33% (32%) accepted full treatment and 19% (18%) the extraction of teeth only. Since 1949, a smaller proportion of parents have accepted treatment each year with the exception of the present one. The improvement is small and insignificant. It is offset, too, because a large number of children whose parents would not value it, and probably would not accept it, are not offered conservative treatment, as discrimination is exercised to enable children of co-operative parents to receive it.

(Figures in brackets refer to previous year).

When examining children in schools, it is observed that in residential areas many of the few who have regular treatment obtain it from a private practitioner, while those in other areas attend the school clinics. The majority receive treatment only for the relief of pain. It appears that the universal provision of free dental treatment for children introduced in 1948 has done little to ensure that a high proportion receive complete and regular treatment. It has had the result, however, that many children whose parents value regular treatment, and used to receive it in the school clinic, now attend a nearby practice which is more convenient to them.

TREATMENT

Arising from visits to schools, 17,707 children were offered treatment and, of the 8,853 whose parents accepted it, 7,629 were treated. The treatment of casual patients, who numbered 4,834 (5,009), was not confined to the extraction of teeth to relieve toothache, as other necessary treatment was carried out if accepted, and 1,860 teeth were filled.

The effectiveness of a school dental service is often assessed from the number of casual patients requiring treatment and from the number of permanent teeth extracted, as both tend to rise when insufficient staff is employed. Fewer casual patients attended this year than in any since 1929 and the number of permanent teeth extracted was less than in any year since 1952. Parents are notified after school inspections if treatment is found to be necessary and this does induce them to obtain treatment for their children, though not always at the school clinic. Providing that the number of children examined remains at a comparatively high level, a small staff may be more effective than it would appear to be on the surface.

Apart from routine fillings and extractions, a large number of operations, classed as other work, were performed. These are conveniently summarised below :—

Dentures fitted..	..	..	..	..	..	..	..	128
Gold inlays inserted	..	..	..	..	..	..	..	13
Crowns fitted	..	..	..	..	..	..	..	1
Root fillings	..	..	..	..	..	..	..	16
Apicectomies, gingivectomies, etc.	..	..	..	..	..	..	..	18
Silver nitrate treatment	..	..	..	..	..	..	..	40
Dressings	..	..	..	..	..	..	..	1,460
Local anæsthetics	..	..	..	..	..	..	..	2,920
Scalings and polishings	..	..	..	..	..	..	..	1,835

Of routine and casual patients offered treatment in 1958, 55·4% actually received it, compared with 70·7% in 1948. This decline is undesirable. The comparative figures for England and Wales were 60% in 1957 (the last year for which figures have been published) and 76·6% in 1948. It appears then that the deterioration experienced in Sheffield reflects conditions which are

general in all local education authority services. School dental officers, in contrast to those of other departments of the Public Health Service, have always been pre-occupied with the treatment of disease rather than with its prevention and, if time and circumstances modify what is required of us, it will be prevention and the spread of knowledge concerning dental health that we shall be mainly occupied with in the future.

TREATMENT OF HANDICAPPED CHILDREN IN SPECIAL SCHOOLS

Of 810 (725) children examined in special schools 438 (562) were in need of treatment which was offered to 327 (405). There were 73 (103) children examined in the Central Dental Clinic, either for a routine check-up between school visits, or for casual treatment.

This year 70% (68%) of the parents offered treatment for their children after school inspections accepted it, and 84% (71%) of the total number of routine and casual patients offered treatment received it. In one school, the acceptance rate this year rose to 97%, which is a record for the City. Head teachers and their staffs, together with the school nursing sisters attached to the special schools, are frankly enthusiastic that a large percentage of the children should be treated. Many of the severely handicapped children received special attention; the dental anæsthetist administers general anæsthetics in nearly all cases where these are required and the children of four schools are treated on the school premises. This latter feature results in the dental officer becoming personally known to the children which, strange as it may seem, helps considerably as he is then regarded as a member of the staff and one who is just as inevitable.

ORTHODONTIC TREATMENT

Fewer children received orthodontic treatment than in 1957. Sheffield is fortunate in that the activities of an orthodontic study group in the City have stimulated private practitioners to take more interest in this treatment, and that there is also a progressive orthodontic department in the Charles Clifford Dental Hospital. These have relieved us of much work. There has been no difficulty in providing all the treatment for which parents have asked. Of 106 children for whom treatment was commenced during the year, 102 were fitted with either fixed or removable appliances made in the dental laboratory. The time given to orthodontics approximated to one session to every twenty-five spent on other work; this being slightly less than one-half the maximum time which the Ministry of Education recommend as being suitably allocated to this treatment.

In addition to treatment carried out by means of appliances, 340 permanent teeth were extracted for the purpose of relieving overcrowding and to avoid the need for spending time on complications which would otherwise arise.

SUMMARY OF WORK DONE IN DENTAL LABORATORY

Dentures				Remove- able Appli- ances	Fixed Appli- ances	Study Models	Inlays and Crowns
Full	Partial	Repairs	Rebased				
123	142	14	9	101	54	44	14
(170)	(123)	(18)		(319)	(98)	(154)	

INCIDENCE OF CARIES

Of the children examined in schools, 72% were found to need treatment. In 1957, the figure was 76% and this is the first time for many years that it has been possible to report any improvement. It is an indication that the standard of dental health is higher and suggests the possibility of the incidence of caries being lower.

It is becoming more common for the better-educated parents to ask how caries might be controlled. Members of the school health service attended a parents' association meeting in November to answer questions on the health of children. Considerable interest was shown in the subject of fluoridation of drinking water. Questions were answered on the cost per head of population, mode of action of fluorides in inhibiting dental decay, the possible effects on other parts of the body and the extent to which fluoridation is effective in reducing the incidence of caries in both adults and children. It was apparent that those present had difficulty in understanding why local authorities hesitated to introduce a preventive measure concerning which so much favourable evidence has been gained over the last 20 years.

OBSERVATIONS

Local authorities are in the unique position of being responsible for the examination of children in school and in bringing the presence of defective teeth to the notice of parents. The provision of treatment is however becoming increasingly difficult as dentists prepared to work in school clinics are not available and those already employed are in many cases close to the age of retirement. This has made the offer of treatment almost a privilege, and yet that which can still be offered may not be given unless parents are educated to exercise their right to accept it.

There has been an unprecedented demand for grammar school education as parents have become more aware of its value in equipping young adults for the type of work which later on in life is remunerative and secure. There seems no reason to doubt that a similar demand for dental treatment would arise provided that its value to the young adult was known.

An investigation of dental sickness as a cause of incapacity for work revealed that, in 1957, of 19,791,000 workers some were absent from work for a total number of 527,600 days in respect of periods of more than three days.

Up to the age of leaving school, an equal number of boys and girls receive private treatment. Between the ages of 15 and 25, after the majority of them are beyond the influence of the school dental service, nearly twice as many girls as boys receive full dental treatment, and boys lose their permanent teeth more than twice as quickly as girls. One might expect that a large number of children normally in receipt of treatment in the school clinics would, after leaving school, obtain it from the family dentist. The fact is that fewer children receive complete treatment privately, at the age of 15 to 17 years, after leaving school, than do before. This information, obtained from the 1957 Report of the Ministry of Health, gives an impression of the value of the work done by the school dental service in treating children who would not otherwise receive it, and of its influence on children in obtaining treatment while still at school. The children who enquire about the continuation of treatment on leaving school are usually grammar school girls who have enjoyed a home background established by the cultivation of good habits. When a high proportion of both boys and girls from all types of homes make this enquiry, a dental officer might be justifiably pleased with the results of his work and influence.

I wish to thank those members of the Education and other Departments to whom we bring little but an extra burden of work. Help so willingly and agreeably provided gives pleasure which is remembered long after our difficulties have been overcome and forgotten.

ORTHOPAEDIC AND POSTURAL DEFECTS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 350 children were seen and only 40 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions								Number of cases attended
Cerebral palsy .. .. .	..	..	..	..	..	..	..	1
Poliomyelitis (paralytic) .. .. .	..	..	..	..	..	..	..	2
Metatarsalgia .. .. .	..	..	..	..	..	..	..	1
Ganglion foot .. .. .	..	..	..	..	..	..	..	2
Pes cavus .. .. .	..	..	..	..	..	..	..	11
Pes planus .. .. .	..	..	..	..	..	..	..	88
Pes valgus .. .. .	..	..	..	..	..	..	..	26
Genu varum .. .. .	..	..	..	..	..	..	..	1
Genu valgum .. .. .	..	..	..	..	..	..	..	47
Congenital deformities :—								
Claw toe .. .. .	..	..	..	..	..	..	..	3
Torticollis .. .. .	..	..	..	..	..	..	..	1
Claw foot .. .. .	..	..	..	..	..	..	..	3
Adduction of toes .. .. .	..	..	..	..	..	..	..	5
Scoliosis .. .. .	..	..	..	..	..	..	..	6
Kyphosis .. .. .	..	..	..	..	..	..	..	8
Hallux rigidus .. .. .	..	..	..	..	..	..	..	14
Hammer toe .. .. .	..	..	..	..	..	..	..	8
Hallux valgus .. .. .	..	..	..	..	..	..	..	19
Overlapping toes .. .. .	..	..	..	..	..	..	..	4
Deformed toes .. .. .	..	..	..	..	..	..	..	2
Foot strain .. .. .	..	..	..	..	..	..	..	4
Exostosis tibia .. .. .	..	..	..	..	..	..	..	1
Exostosis os calcis .. .. .	..	..	..	..	..	..	..	1
Exostosis metatarsalis .. .. .	..	..	..	..	..	..	..	1
Schlatter's Disease .. .. .	..	..	..	..	..	..	..	2
Hemiplegia .. .. .	..	..	..	..	..	..	..	1
Pseudo hypertrophic muscular dystrophy .. .. .	..	..	..	..	..	..	..	1
Others .. .. .	..	..	..	..	..	..	..	42
Nil abnormal found .. .. .	..	..	..	..	..	..	..	45
CASES								350
ATTENDANCES								450

Number of new cases .. .. .	..	..	..	..	..	..	..	177
Number of old cases .. .. .	..	..	..	..	..	..	..	173
Number of cases discharged .. .. .	..	..	..	..	..	..	..	158
Number of cases transferred to hospital .. .. .	..	..	..	..	..	..	..	40
Number of operations advised .. .. .	..	..	..	..	..	..	..	10
Number of operations performed .. .. .	..	..	..	..	..	..	..	2
Number of new appliances ordered .. .. .	..	..	..	..	..	..	..	160
Number of repairs to appliances .. .. .	..	..	..	..	..	..	..	22
Number of cases receiving treatment .. .. .	..	..	..	..	..	..	..	121
Number of cases under observation .. .. .	..	..	..	..	..	..	..	229

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINICS

Dr. Herzog has supplied the information on which the following is based:—

HOSPITAL :—

<i>In-patients.</i>	1957	1958
Number of school children treated for non-tubercular conditions	87	76
Number of school children treated for tuberculosis of bones and joints	10	5

Out-patients.

Number of attendances made	891	826
------------------------------------	-----	-----

CLINICS :—

New cases of school children who attended this year	5	—
Number of attendances made	481	192

Pool treatment is now being given at Rivelin and the clinical attendances are reduced because of that fact, and also because there has been less poliomyelitis in the last three years. The children with disabilities resulting from former epidemics are growing up and needing much less attention.

CHIROPODY CLINIC

This clinic continues to be well attended. 605 new and 26 old cases were treated during the year, involving 1,428 attendances. At the end of the year 20 children were still in attendance.

HEART DISEASES AND RHEUMATISM

Dr. J. Lorber, the pædiatrician who attends this clinic fortnightly or as often as the work demands, submits the following report :—

“ The Rheumatism and Heart Clinic continued its activity on the same lines as previous years. The number of new cases and of attendances show a slight drop compared with the last three years, but the differences are not significant. The numbers of congenital heart diseases seen year by year are strikingly similar, but the numbers of those with rheumatic heart disease which are either active or recently active are showing a progressive fall. This is in accordance with the nationwide decrease in the incidence of rheumatic heart disease. Of the children with congenital heart disease diagnosis was usually fully established by appropriate investigations at Centres equipped with facilities, and as a result appropriate operative treatment could be carried out in two cases.”

Condition	New cases	Old Cases	Attendances
1. Rheumatic pains or Arthritis—			
(a) With heart affection	—	3	4
(b) Without heart affection	—	—	—
2. Rheumatic Chorea—			
(a) With heart affection	1	2	4
(b) Without heart affection	1	2	4
3. Rheumatic Heart Disease without (1) or (2) above	3	12	18
4. Congenital Heart Disease	7	37	54
5. Functional Heart Disorder	19	10	30
6. No Rheumatism or Heart Disease or Disorder	5	4	11
7. Recent Rheumatism. No longer active. No Carditis	1	10	13
TOTALS	37	80	138

CHEST CLINIC

Dr. Midgley Turner's report on the work in relation to school children follows :—

“ The work of the Chest Clinic amongst tuberculous school children and suspects continues to be carried out in close co-operation with the School Health Service.

The names of all children, who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the Principal School Medical Officer. By this means he is able to keep these children under specially close supervision. During 1958, 108 of these contacts were reported.

The Contact Clinic for both children and adults is on Friday mornings. At this Clinic children are given a preliminary tuberculin test, using the multiple puncture apparatus. If the test is negative, B.C.G. vaccination is offered and, if the test is positive, the child is X-rayed. A large number of children are now also being referred for tuberculin testing as contacts of their elder brothers or sisters, who have been tuberculin positive when tested at school-leaving age. This is being done in order to try to track down the infectious cases of tuberculosis in the community which are responsible for the spread of the disease. This examination of the families of positive reactors to tuberculin is also now to be extended to the cases discovered when school entrants are tuberculin tested.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoons.

During the year 3,029 attendances were made by school children at the Chest Clinic exclusive of new cases. These were made up of 202 attendances of notified cases of tuberculosis and 2,827 attendances of children for observation.

NEW CASES. The number of new cases of school children was as follows :—Notified cases of tuberculosis of the lungs 1, contacts 731 and suspicious cases 301. Of the latter, 18 were referred by the School Medical Officer.

In connection with the examination of school children 1,613 X-ray films were taken.

During the year, 6 notified and 24 suspicious cases were admitted into sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to sanatorium for either observation or treatment. In addition 310 Mantoux tests and 2,227 multiple punctures were carried out at the Chest Clinic, mainly on contact children.

The number of notifications of tuberculosis in school children received was :

PULMONARY	Males	..	..	10	NON-PULMONARY	Males	..	3
	Females	..	..	9		Females	..	—

Tubercle bacilli were found in the sputum or pleural fluid of three school children.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1958, 317 school children were given B.C.G. vaccination.

On the 31st December, 1958, there were 221 notified school children, and 2,066 school children with suspected lesions on the Clinic Register.

With the improvement in housing conditions, and the reduction in the incidence of primary tuberculosis in children which requires treatment, there has been no necessity to request places at the Open Air School during the year for tuberculous children."

B.C.G. VACCINATION OF SCHOOL CHILDREN

The scheme for the B.C.G. vaccination of school children has been continued through the year 1958. The main programme for the school year 1958-59 for the vaccination of school leavers (aged 13-14 years) was commenced in the Autumn term of 1958. Defaulter sessions were held during the Spring and Summer months to give a further opportunity to those children who had missed being vaccinated during the Autumn term 1957. All positive reactors amongst the school leavers have been given appointments to be X-rayed either at the Mass Radiography Centre or at the Chest Clinic. The health visitors have visited their homes in an attempt to discover, if possible, any likely source of infection, and to encourage their parents and other members of the family to avail themselves of the opportunities to be X-rayed.

In some senior schools the leavers had a persistently high positive reaction rate. It was proposed to skin test the entrants to the infant schools in these areas to try to track down the sources of infection. Owing to the extensive programmes for poliomyelitis vaccination, it was not found possible to carry out this scheme, but it is hoped that we shall be able to do so during the Summer term of 1959.

B.C.G. VACCINATION OF SCHOOL LEAVERS.

The figures for the school year 1958-59 are given, as are those of the three preceding years, when comparable numbers of children were tested.

TABLE 1

SCHOOL YEAR	1955-56	1956-57	1957-58	1958-59
Eligible 13 year olds	6,330	6,284	7,590	6,675
Consents received	4,491	4,743	6,387	5,843
Consent rate	70.9%	75.5%	84.3%	87.6%
Absent	150	105	213	226
Withdrawn	13	11	16	24
Already had B.C.G.	13	110	251	218
Number skin tested (excluding those who have already had B.C.G.) ..	4,315	4,517	5,907	5,375
Positive	1,122	1,073	1,080	1,041
% Positive	26.0%	23.8%	18.3%	19.3%
Negative	3,193	3,444	4,827	4,334
% Negative	74.0%	76.2%	81.7%	80.7%
Number vaccinated	3,192	3,444	4,678	4,330

COMMENTS

1. The percentage of children for whom permission to be vaccinated was obtained has risen during the past four years from 70.9% to 87.6%—an increase of 16.7%. This steady increase is very gratifying in that it denotes that parents have become very much alive to the importance of vaccination at this age. B.C.G. vaccination is becoming accepted as one of the routine events in the life of a 13 year old school child.

2. The absentee rate again appears to be rather high, but in this figure are included some children who were in the process of being vaccinated against poliomyelitis, and whose B.C.G. vaccination was on that account postponed. It is hoped that by the end of the school year 1958-59 further opportunities will have been offered to these children to be skin tested and vaccinated if necessary.

3. 218 (3.9%) children amongst the total 5,593 skin tested were known to have had B.C.G. vaccination previously. All these children were skin tested to ensure that the previous vaccination was still effective.

4. The percentage of positive reactors (19.3%) is an indication of the level of infection in the general population, and is similar to last year's figure. This percentage does not take into account those children who had previously had B.C.G., but does include those children who were stated to have had a clinically recognisable tuberculous lesion in the past.

A picture of the "over-all" positive reactor rate among the 13-year-old children tested may be gained from the following figures :—

TOTAL NUMBER TESTED	5,593	
Number having had B.C.G. previously	218	17.3%
Number having had known tuberculous lesions previously	27	2.1%
Other positives	1,014	80.6%
TOTAL POSITIVE REACTORS	1,259	100.0%
Overall positive reactor rate		22.5%

5. Of the 4,334 negative reactors, 4,330 have been vaccinated. This is the first year freeze-dried B.C.G. vaccine has been used throughout instead of the liquid vaccine.

6. There has again been excellent co-operation from the schools ; we are very grateful for their interest, and for the many ways in which they enabled the working of the scheme to proceed smoothly.

FOLLOW UP OF POSITIVE REACTORS—CHEST X-RAY

All the positive reactors were offered appointments to have a chest X-ray.

X-RAY FINDINGS.

SCHOOL YEAR	1955-56	1956-57	1957-58	1958-59
Number X-rayed	818	912	1,004	968
% of Positive reactors X-rayed	72.1%	94.3%	93.8%	92.9%
RESULTS				
No Pulmonary lesion	769	964	962	926
Miscellaneous non-active and healed lesions	46	46	37	42
Active lesions	3	2	2	1

The miscellaneous lesions included 4 cases of bronchiectasis, 2 cases of recent inflammatory lesions, 3 cases of minor abnormality in the cardiovascular system and 1 film showed evidence of a previous lobectomy.

CHILD GUIDANCE CENTRE

Mr. N. E. Whilde, the Educational Psychologist-in-Charge, reports as follows :—

“ The Child Guidance Centre has now been functioning for twenty-one years and as comparison of successive reports shows, its work has settled down to a fairly consistent pattern. For instance, 111 girls and 188 boys were referred in 1958, that is 37% and 63%, respectively. This is about the average of the previous ten years : there have never been more than 39% or less than 32% of girls, with corresponding percentages of 68 and 61 for boys referred during this time.

Again as regards reasons for reference the proportions in the various categories remain fairly constant. Percentages in the various categories this year, with the average of the previous ten years, are as follows : Nervous disorders 10% (9%), Habit disorders 11% (11%), Behaviour disorders 25% (26%), Intellectual difficulties 54% (54%).

Consideration of the ‘ source of reference ’ figures over a number of years also shows a fairly constant pattern, though head teachers have tended to refer a slightly greater proportion of the whole as years have gone by. This year they referred 54% of the total with an average of 49% over the previous ten years. General practitioners have never referred many children ; the average over the previous ten years has been 2% ; but during the year under review they referred 9% of the total.

As regards age, one half of the children referred had ages lying between approximately seven and a half and eleven and a half years, one quarter above and one quarter below this range. The middle child had an age of eight years ten months. These figures are similar to those of the previous ten years (age of average middle child : eight years seven months). The total range of ages is from three to seventeen.

The intelligence of the children dealt with ranges from that of the educationally subnormal to the very superior. There has been a tendency for the intelligence level of the children referred to rise over the year. For example, in 1943 and earlier years three quarters of the children were below average intelligence, whereas in 1958 only 60% were below average. To get a picture of the distribution in general, if children are ranked in ascending order of intelligence, the children coming one quarter, one half and three quarter of the way up the list could be picked out. For 1958 these children had intelligence quotients of approximately 84, 95 and 109. The corresponding figures for the previous ten years were 81, 92, 105 and for the school population at large the expected figures would be 89, 100 and 111.

Of perpetual concern over the years is the size of the list of children waiting for treatment. Children with no special claim for priority have to wait about eighteen months before they can be seen regularly. With an improved staffing position the waiting list of 128 ten years ago was brought down considerably, but it has remained roughly constant at 70+ for the last five years and it does not seem possible to reduce this without some addition to the staff.

Reference to the investigation into the ability of educationally subnormal children has been made in previous years. It should be possible to make an interim statement about the results of this in 1959.

Talks about the work of the Centre have been given throughout the year to parent groups, teachers in training, social science students and doctors. Apart from children referred to the Centre for specific problems many school visits have been made and children have been discussed in informal ways with the educational psychologists. Group tests of intelligence and attainments have also been carried out from time to time to assist head teachers with difficult problems of organisation or for other reasons ; over 300 children have been examined in this way during the year. The Children's, Education Welfare and Probation Departments have given excellent co-operation throughout the year.

It is not possible to close this report without reference to the retirement of Dr. M. C. Taylor which severed her connection with the Centre as its Medical Director. Dr. Taylor took a personal interest in the work of the Centre, gave invaluable support to the staff in their sometimes overwhelmingly difficult work and was always concerned to integrate the Child Guidance Service with the rest of the School Health and Educational Services. Above all the welfare of individual children always took first place with her.

Dr. Oates is now welcomed as Medical Director in succession to Dr. Taylor.

NUMBER OF CASES REGISTERED DURING 1958.

Girls	..	..	..	..	..	..	..	111	
Boys	..	..	..	..	..	..	..	188	
									299
E.S.N. Investigation (26 girls, 42 boys)	..	..	..	..	..	..	..		68
TOTAL	..	..	..	..	..	..	..		367

ANALYSIS OF CASES DEALT WITH :—

Cases closed 1958	..	..	..	..	..	308	
E.S.N. cases closed	..	..	..	..	..	8	
						<hr/>	316
Cases open 31st December, 1958	..	..	..	..	..	215	
E.S.N. cases open	..	..	..	..	..	272	
						<hr/>	487
Cases on waiting list 31st December, 1958	..	..	..	..	..	..	28

REASONS FOR CLOSING CASES IN 1958.

Did not attend at all								8
Consultations only .. .. .	..	..	..	..	..	..	183	
Consultations only ; E.S.N. cases .. .. .	..	..	..	..	..	..	7	
							<hr/>	190
After supervision .. .. .	..	..	..	..	..	..	..	77
TREATMENT CASES.								
Further attendance impossible .. .. .	..	..	..	..	..	..	..	4
Parent unco-operative .. .. .	..	..	..	..	..	..	..	11
Transferred to other treatment .. .. .	..	..	..	..	..	..	..	1
Treatment completed .. .. .	..	..	..	..	..	..	..	25
								<hr/>
TOTAL .. .. .	..	..	..	..	..	..	..	316
								<hr/>

ANALYSIS OF CASES OPEN ON 31ST DECEMBER, 1958.

Under treatment .. .. .	..	..	..	..	..	..	..	62
Under supervision .. .. .	..	..	..	..	..	..	69	
Under supervision ; E.S.N. cases .. .. .	..	..	..	..	..	..	272	
							<hr/>	341
Under investigation .. .. .	..	..	..	..	..	..	..	12
Awaiting treatment (investigation complete) .. .. .	..	..	..	..	..	..	..	72
								<hr/>
TOTAL .. .. .	..	..	..	..	..	..	..	487
								<hr/>

*REASONS FOR REFERENCE OF ALL CASES.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children ..	30	34	73	162	68	367

SOURCES OF REFERENCE.

	Head Teacher	Parents	School Medical Officer	Speech Therapist	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children ..	160	21	108	22	11	25	13	7	367

AGE RANGE ON REFERENCE (Excluding E.S.N. children)

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	1	7	20	32	46	51	30	26	26	22	14	17	3	2	2	299

INTELLIGENCE QUOTIENT RANGE OF ALL CASES
CLOSED DURING THE YEAR (excluding E.S.N. cases).

70 and below.	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
17	40	59	63	51	34	31	5	8	308

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance."

SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS
AND NURSING ASSISTANTS

Miss Dent, the Chief School Nursing Sister, submits the following report :—

“ IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.							
Examination of children under cleanliness scheme—Boys					70,126		
					Girls	79,853	
						<hr/>	149,979
Examination of children for “ following up ”					..	..	1,088
Examination of children for investigation of outbreak of infectious diseases					..	..	8,029
Examination of children for other purposes					..	..	8,326
Attendances for breathing exercises					..	..	5,266
Weighing and measuring					..	..	66,220
Number of visions tested					..	..	22,492
						<hr/>	261,400
						<hr/>	
Number referred to clinics					..	..	3,528
Number of visits to schools					..	..	12,640

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ..	102	261	242	2,483	1,038	4,652
Central ..	71	169	152	942	689	2,198
Greenhill ..	23	47	35	101	160	551
Handsworth ..	46	23	72	453	208	746
Heeley ..	128	250	118	424	848	2,818
Hillsborough ..	100	257	185	1,395	1,467	3,580
Manor ..	39	86	200	751	1,043	4,581
Nursery Schools	85	272	80	299	1,660	3,557
Pitsmoor ..	202	393	166	1,359	969	3,052
Shiregreen ..	82	410	106	458	776	2,619
Southey Green ..	40	65	24	99	374	881
Special Schools	202	2,399	243	1,346	3,460	9,273
Wisewood ..	67	197	100	362	552	1,850
Woodhouse ..	7	21	26	210	84	267
Wybourn ..	109	301	132	1,305	2,094	5,078
TOTALS ..	1,303	5,151	1,881	11,987	15,422	45,703

IN THE HOMES—

Visits for " following up "	..	..	..	..	..	704
„ neglect, uncleanness, etc.	..	..	..	..	..	281
„ various purposes	..	..	..	..	..	1,146
						<u>2,131 "</u>

CLEANLINESS SURVEY

The following figures give the results of the hygiene examinations :—

(a) *Numbers relating to Individual Pupils :—*

(i) Pupils examined	Boys	..	31,554	
	Girls..	..	32,046	63,600
			<u> </u>	
(ii) Pupils found to be infested with nits or head lice (including those with one single nit)	Boys	..	752 (2·38%)	
	Girls..	..	2,189 (6·83%)	2,941 (4·63%)
			<u> </u>	

(b) *Numbers relating to Examinations :—*

(These may include many reviews of the same child).

(i) Examinations :—					
	Boys	..	..	..	70,126
	Girls	..	..	..	79,853
					<u> </u>
					149,979
(ii) Found to be dirty :—					
	Boys	..	..	..	909 (1·30%)
	Girls	..	..	..	465 (0·58%)
					<u> </u>
					1,374
(iii) Found to have verminous clothing	..	..	..	..	—
(iv) Heads cleansed at the clinics :—					
	Boys	..	..	..	340
	Girls	..	..	..	836
					<u> </u>
					1,176
(v) Found to have bad clothing :—					
	Boys	..	..	..	22 (0·03%)
	Girls	..	..	..	17 (0·02%)
					<u> </u>
					39 (0·03%)
(vi) Found to have bad footwear :—					
	Boys	..	..	..	40 (0·06%)
	Girls	..	..	..	9 (0·01%)
					<u> </u>
					49 (0·03%)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanness to send a special card of instructions to parents of 807 boys (1·15 per cent.) and 2,063 girls (2·58 per cent.) and second and third notices to a further 191 boys and 497 girls. Of these, 1,176 (240 boys and 836 girls) were cleansed at the clinics in accordance with the usual practice.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers do not give complete cases, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1958	1957
Measles	4	17	11	113	145	1,771
German Measles	106	77	49	84	316	5,742
Whooping Cough	2	2	8	6	18	306
Chicken Pox . .	890	1,389	449	168	2,896	1,819
Mumps	1,073	1,503	683	523	3,782	989
Scarlet Fever . .	164	80	67	107	418	449
Meningitis . .	1	4	7	4	16	3
Dysentery . .	391	253	50	18	712	415

DIPHTHERIA

None occurred for the ninth successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

DYSENTERY

In the beginning of the year there was an outbreak of dysentery in some congested areas. The schools chiefly affected were all old buildings. Altogether there were 123 positive cases.

ACUTE POLIOMYELITIS

There were five confirmed cases of poliomyelitis in children of school age, which occurred in four different wards. This compares with three cases in 1957, and seventeen in 1956. Fortunately there were no deaths.

Details of age, sex, development of paralysis, and month of occurrence are given below :—

CHILDREN AGED					
5-9 years		10-15 years		5-15 years (Total)	
Boys	Girls	Boys	Girls	Boys	Girls
Paralytic cases	1	1	—	2	3
Non-paralytic cases ..	1	—	—	1	—
	2	1	—	2	3
5				5	

Months of Occurrence :—

February	1
July	2
December	2

Apart from the above children of school age there have been 13 other cases of poliomyelitis in the City ; eight were adults and five were in children under school age.

POLIOMYELITIS VACCINATION

The Ministry of Health Circular 2/56 introducing vaccination against poliomyelitis for children in specified age groups was approved by the City Council in February, 1956. By arrangement with the Medical Officer of Health, the School Health Service undertook the vaccination of those children attending county schools. In November, 1957, the Ministry of Health Circular 16/57 extended this to all children under fifteen years. Sufficient material was available to vaccinate by two injections 1,507 children attending County Schools in 1956, 13,418 in 1957 and 20,961 in 1958.

IMMUNIZATION AGAINST DIPHTHERIA

As mentioned above, diphtheria has been absent from the City for nine years. In view of this there is a real danger that parents, being unfamiliar with the disease and its serious after effects, may tend to neglect having their children immunized. Every effort is therefore made by staffs at the schools and clinics to encourage a larger number of acceptances.

Approximately 78 per cent. of children aged 5 years have been immunized.

PARTICULARS OF WORK DONE IN 1958

(a) *Primary Immunization.*

Number of children who have received complete treatment—					
Children under five years of age	..	..	..	..	374
Children five to fifteen years	..	..	..	..	920
Number received part treatment	..	..	..	..	302
Number of children who have attended for treatment	..	..			1,596

(b) *Stimulating (Reinforcing) Doses.*

Number of invitations sent to parents	..	..	..	..	3,091
Number of children injected—					
(a) By private doctor	..	..	..	..	618
(b) By School Medical Officers—					
(i) In response to invitations	..	..	..	763	
(ii) On referral from other sources	..	..	..	1,789	
				<hr/>	2,552

PARTICULARS OF WORK DONE SINCE 1955.

(a) *Primary Immunization.*

Number who have received complete treatment during	1955	..	573
" " " " " " "	1956	..	831
" " " " " " "	1957	..	1,181
" " " " " " "	1958	..	1,294

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during	1955	..	..	..	1,578
" " " " " " "	1956	..	..	..	2,270
" " " " " " "	1957	..	..	..	2,117
" " " " " " "	1958	..	..	..	2,552

PHYSICAL EDUCATION

An account of this year's work is found on pages 76 to 88. Reports are given by the school medical officers on children regarding their suitability for various types of physical activities, e.g., the advanced swimming course and boxing. During periodic health inspections, the head teachers are informed if any restrictions are considered necessary. The school health staff regard physical education as necessary to the development of the child.

NURSERY SCHOOLS AND CLASSES

The accompanying table shows the heights and weights of the nursery school children examined at periodic health inspections :—

HEIGHTS						
NURSERY SCHOOLS AND CLASSES						
Boys				GIRLS		
Age	1956 Inches	1957 Inches	1958 Inches	Number examined 1958	Age	1956 Inches
2	35.36	35.78	35.9	26	2	35.13
3	37.89	37.94	37.72	164	3	37.55
4	39.96	40.	39.72	192	4	39.59
						150
						175

WEIGHTS						
NURSERY SCHOOLS AND CLASSES						
Boys				GIRLS		
Age	1956 Pounds	1957 Pounds	1958 Pounds	Number examined 1958	Age	1956 Pounds
2	30.47	30.71	31.27	26	2	29.06
3	35.21	34.85	34.15	164	3	33.69
4	38.3	38.47	37.54	192	4	38.04
						150
						175
						30

HANDICAPPED PUPILS

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School (Day and Residential) ..	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes in lip reading at Maud Maxfield School	20 senior and 20 junior pupils
DELICATE PUPILS	Whiteley Wood, Bents Green, and Springvale House Schools	384 pupils
	Bents Green Residential School	40 pupils—girls
PHYSICALLY HANDICAPPED PUPILS (DAY)	Mayfield and Arbourthorne North Schools	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	Wadsley Bridge School ..	120 pupils—senior boys 100 pupils—junior boys
	Highfield School	120 pupils—senior girls
	Handsworth School ..	100 pupils—junior girls
	East Hill School	45 pupils—junior boys and girls 100 pupils—junior boys 120 pupils—senior boys

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the School at the end of the year follows :—

Abiotrophy of Retina	3
Albinism	1
Buphthalmos	7
Congenital Cataracts	9
Corneal Dystrophy	1
Cranio-Facial Dysostosis.. .. .	1
Glioma Retinæ (results of)	3
Microphthalmos	5
Nystagmus	3
Optic Atrophy	5
Retrolental Fibroplasia	22
	—
	60
	=

BENTS GREEN SCHOOL FOR THE PARTIALLY SIGHTED

An analysis of the defects of pupils in the School at the end of the year follows :—

Albinism	2
Abiotrophy of Retina	2
Aniridia	1
Congenital Dislocation Lenses	1
Congenital Nystagmus	9
Congenital Cataracts	5
Optic Atrophy	3
Retrolental Fibroplasia	2
	<hr/>
	25
	<hr/>

SCHOOLS FOR THE PHYSICALLY HANDICAPPED—MAYFIELD AND ARBOURTHORNE NORTH

The tendency is for more severely handicapped children to be admitted to these schools, and transport from home to school and back again is necessary for an increasing number of cases. Mrs. Tooze, the remedial gymnast, continues to visit each school twice weekly.

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school for the educationally sub-normal	94
Recommended for admission to a residential special school for the educationally sub-normal	5
Recommended for education in an ordinary school with special educational treatment	43
Recommended for admission to a special school for the physically handicapped	2
Found to be educationally sub-normal and partially sighted, and recommended for admission to a special school for the partially sighted	1
Found to be educationally sub-normal, but physically unfit for an ordinary or special school—recommended for home tuition ..	1
Found to be educationally sub-normal—Child now in a private school	1
Found to be educationally sub-normal, but for further consideration as to disposal	16
Examined but decision deferred as to educational sub-normality ..	6
Referred to the Child Guidance Centre for investigation	7
No disability of mind	17

Found to be ineducable and recommended for report to the Local Health Authority—Section 57 (3)	23
Found to be ineducable and recommended for report to the Local Health Authority under Section 57(3) relying on Section 57(4) ..	1

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	42
Removed at an earlier age as incapable of receiving further benefit ..	6
Removed at an earlier age because of physical condition	1

TOTAL NUMBER REPORTED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH COMMITTEE).

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	9	15
Educationally sub-normal children reported on attaining the School leaving age	34	8

REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL

7	9
---	---

EDUCATION ACT 1944, SECTION 57 (3)

For comparison, the numbers of children reported to the Local Authority under this section of the Act in previous years are given. They are children incapable of receiving benefit at school or, if already in school, who have ceased to benefit from instruction there. The average per year reported has been 36.

<i>Years</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1948	22	12	34
1949	24	9	33
1950	22	21	43
1951	20	14	34
1952	17	18	35
1953	24	42	66
1954	12	9	21
1955	19	18	37
1956	19	16	35
1957	20	14	34
1958	10	13	24

FOLLOW-UP OF THE CHILDREN WHO LEFT THE SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL IN 1955

As children leave the schools for the educationally sub-normal, the Voluntary Association for Mental Welfare undertakes the supervision of those not referred to the Local Authority under the Education Act.

Of the 26 boys who left the Wadsley Bridge School three years ago, 14 settled down quickly in their first jobs. The father of one boy desired higher wages for his son but finally agreed to leave the boy settled in the work in which he was comfortable and happy. Another child lived with his grandparents in whom he found the security and encouragement denied him by his own parents.

7 more of the leavers settled in their second jobs. One boy found his work too heavy and changed to something lighter. In one instance a father married again and his son found with his step-mother the understanding and affection he needed.

The remaining 5 boys have changed their employment many times. However, all are working at present. A course at the Industrial Rehabilitation Centre was necessary for one boy, after which he was fitted into suitable work. Another boy who has an unhappy home background appeared before the Juvenile Court and was put on probation for two years. He has since worked hard and is now suitably employed.

Of the 10 girls who left the Highfield School three years ago, 3 stayed in their first jobs. 4 of the others had difficulties at first and required help and guidance. They are now well established in other work.

The remaining 3 girls have had various changes of employment during this period but all three are working at the present time.

The average intelligence quotient of the boys and girls is 69.9, and the range of intelligence quotients from 58 to 79.

AFTER-CARE

During the year under review the choice of employment for boys and girls has become more difficult. Nevertheless the handicapped pupils leaving the Special Schools have been placed in a variety of trades and work of a semi-skilled or unskilled nature. The patience and time given by the Youth Employment Officers and the co-operation of the head teachers has been valuable and much appreciated by parents.

The majority of the parents are glad to accept advice, but when the Youth Employment Officers' guidance has not been accepted difficulties have arisen. Occasionally the parents over-estimate the child's ability, advice is ignored and unsuitable work is attempted. This often leads to unhappiness and frustration. Perhaps the child has set his mind on a job which is quite

unsuitable from a health point of view and is determined to have his own way. Sometimes such work is attempted. A few still tend to choose the more highly paid work of a semi-skilled nature.

These errors come to light during home visits and, when necessary, the children are referred back to the Youth Employment Bureau for alternative employment to be found. In many cases these children would have commenced work under happier conditions if the advice and guidance of the Youth Employment Officers had been followed.

When there has been a lack of interest on the part of the parents, help has been available from welfare workers and employers. The interest of the latter has helped considerably in such cases.

Miss W. Stirgess, the After-care Officer, resigned in March and Miss E. Truman was appointed to commence duties in July. Consequently, no home visits were made during the period April to July.

During the year, 267 visits have been made to the homes of young people under 21 years of age. Of those under supervision, 66 are former pupils of the schools for the educationally sub-normal, 6 are physically handicapped and 128 are delicate.

**EMPLOYMENT OF PUPILS HAVING LEFT SPECIAL SCHOOLS
DURING THE YEAR UNDER REVIEW**

OCCUPATION	EDUCA- TIONALLY SUB-NORMAL		DELICATE		PHYSICALLY HANDI- CAPPED		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Shirt making machinist	—	—	—	1	—	—	1
Van boy	1	—	2	—	—	—	3
Shop assistant	—	2	3	7	—	—	12
Cutlery	1	3	3	—	—	—	7
Clerical work	—	—	—	4	—	1	5
Nursing trainee	—	—	—	1	—	—	1
Gardening	—	—	1	—	—	—	1
Pit trainee	1	—	—	—	—	—	1
Shorthand typist	—	—	—	1	—	—	1
Plastics—manufacturing	—	—	1	—	—	—	1
Cardboard box making	—	—	—	1	—	—	1
Mop maker	—	1	—	1	—	—	2
Tool making	—	—	2	—	—	—	2
Apprentice—engineering tools	—	—	2	—	—	—	2
Apprentice engineer	—	—	2	—	—	—	2
Apprentice electrical engineer	—	—	2	—	—	—	2
Waitress	—	—	—	1	—	—	1
Painter and decorator	—	—	1	—	—	—	1
Apprentice moulder	1	—	—	—	—	—	1
Bakery assistant	—	1	—	1	—	—	2
Warehouse—packer	—	1	—	1	—	—	2
Barrel maker	1	—	—	—	—	—	1
Apprentice bricklayer	—	—	1	—	—	—	1
Apprentice armature winder	—	—	1	—	—	—	1
Trainee rope maker	—	—	1	—	—	—	1
Butcher's assistant	—	—	1	—	—	—	1
At home	1	1	—	—	—	—	2
	6	9	23	19	—	1	58
At home	1	1	—	—	—	—	2
Learning a definite trade	4	2	18	3	—	—	27
In semi-skilled or unskilled work	1	6	5	16	—	1	29
	6	9	23	19	—	1	58

DIABETES

12 pupils with this condition are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

4 of these spent a summer holiday at camps organised by the Diabetic Association.

CEREBRAL PALSY

There is a total of 111 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue who are very severely handicapped who constitute the real problem :—

TOTAL	..	..	..	..	..	..	..	..	111
Ineducable	..	..	..	..	..	..	..	..	25
									<hr/>
									86
Under statutory school age	..	..	..	..	..	..	..	..	2
									<hr/>
									84
									<hr/>
Ordinary school	..	..	..	..	..	..	..	..	25
Private school	..	..	..	..	..	..	..	..	1
Day special schools :—									
Physically handicapped	..	..	..	..	..	..	..	..	36
Educationally sub-normal				..	..	..	..	..	9
Deaf	..	..	..	..	..	..	..	..	3
Partially-Sighted	..	..	..	..	..	..	..	..	1
									<hr/>
									50
Residential special school	..	..	..	..	..	..	..	..	7
Home Tuition	..	..	..	..	..	..	..	..	2
									<hr/>
									84
									<hr/>

HOME TUITION

The recommendation for home tuition for handicapped children comes from the school medical officers who re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers there.

The analysis of the defects of the 16 children receiving tuition at the end of the year is as follows :—

Bronchiectasis	..	..	..	..	..	..	..	2
Poliomyelitis—paralytic	..	..	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	..	..	2
Ectopic bladder	..	..	..	..	..	..	..	1
Muscular dystrophy	..	..	..	..	..	..	..	2
Hydrocephalus	..	..	..	..	..	..	..	1
Congenital heart disease	..	..	..	..	..	..	..	2
Asthma	..	..	..	..	..	..	..	1
Dysarthria	..	..	..	..	..	..	..	1
Osteomyelitis of right tibia	..	..	..	..	..	..	..	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA,
DECEMBER, 1958.

BLIND CHILDREN.	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Chorleywood College for the Blind, Hertfordshire ..	—	2	2
Condover Hall School for Blind Children, Shrewsbury	—	2	2
Henshaw's School for the Blind, Manchester	1	—	1
Royal Normal College for the Blind, near Shrewsbury	1	1	2
Worcester College for the Blind, Worcester	1	—	1
			<hr/> 8 <hr/>
DEAF CHILDREN.			
Bridge House School, Harewood, Yorks.	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	1	1	2
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	2	1	3
			<hr/> 6 <hr/>
DELICATE CHILDREN.			
Netherside Hall School, Skipton-in-Craven, Yorks ..	1	—	1
St. John's R.C. Open-Air School, Woodford Bridge, Essex	2	—	2
St. Patrick's Open-Air School, Hayling Island, Hants.	—	1	1
St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1	1
			<hr/> 5 <hr/>
EDUCATIONALLY SUB-NORMAL CHILDREN.			
Aldwark Manor School, Alne, near York	5	—	5
All Soul's Special School, Hillingdon, Middlesex ..	—	4	4
Allerton Priory R.C. School, Liverpool	—	1	1
Besford Court R.C. School, Worcester	5	—	5
Camphill—Rudolf Steiner School, Aberdeenshire ..	—	1	1
Crowthorn School, Edgworth, near Bolton	1	1	2
Eden Grove School, near Appleby	1	—	1
High Close School, Wokingham, Surrey	—	1	1
Hilton Grange School, near Leeds	—	1	1
Meadows School, Southborough, Kent	2	—	2
Rossington Hall School, Doncaster	7	—	7
St. Francis' Residential School, King's Heath, Birmingham	—	2	2
St. Joseph's R.C. School, Cranleigh, Surrey	1	—	1
			<hr/> 33 <hr/>

EPILEPTIC CHILDREN.

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Colthurst House School, Warford, Cheshire	..	..		1	—	1
Maghull Home, Maghull, Liverpool	..	..	..	—	1	1
Soss Moss School, Chelford, Cheshire	..	..	..	4	—	4
						<hr/> 6
						<hr/>

MALADJUSTED CHILDREN.

Dunsterville Hostel, Rochdale	..	..	..	..	—	1	1
Shotton Hall, Harmer Hill, Shrewsbury	..	..			1	—	1
							<hr/> 2
							<hr/>

PHYSICALLY HANDICAPPED CHILDREN.

Dame Hannah Rogers School, Ivybridge, Devon	..				—	2	2
Irton Hall School, Cumberland	..	..	..		1	—	1
Talbot House School, Glossop, Derbyshire	..	..			2	—	2
Thieves' Wood Special School, Mansfield	..	..			1	—	1
Welburn Hall School, Kirbymoorside, Yorkshire	..				—	1	1
Wilfred Pickles School, Duddington, near Stamford,							
Lincs.	..	..	..	..	..	..	2
							<hr/> 9
							<hr/>

**FULL-TIME COURSES OF FURTHER EDUCATION FOR
HANDICAPPED STUDENTS**

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Yorkshire School for the Blind (one boy, basketry ; one boy, brush making).

Royal National Institute for the Blind (two boys, physiotherapy).

HEALTH EDUCATION.

The school nursing sisters attend monthly lectures at the City General Hospital.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

School nursing sisters by request give talks on child care to older girls in some schools.

Doctors taking the Diploma in Child Health, fourth-year medical students, students taking the Diploma in Education, students from the School of Social Studies and various foreign visitors were shown the work of the School Health Service.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS.

REMAND HOMES.

All boys and girls are medically examined before admission to the remand homes and again before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	140
Examinations for stage licences	24
Juvenile Court cases	117
For admission to approved schools	20
Annual medical examinations of " Boarded-out " children	94

Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades :—

Number passed	1,354
Number not recommended	4

Examinations of students for admission to training colleges for teachers :—

Men	62
Women	81
	<hr/>
	143

MEDICAL INSPECTION RETURNS
YEAR ENDED 31ST DECEMBER, 1958

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959 74,078

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
1954 and later	695	695	100.00	—	—
1953	2,578	2,576	99.92	2	.08
1952	3,035	3,025	99.67	10	.33
1951	420	419	99.76	1	.24
1950	86	86	100.00	—	—
1949	43	43	100.00	—	—
1948	61	61	100.00	—	—
1947	1,884	1,879	99.73	5	.27
1946	3,155	3,150	99.84	5	.16
1945	1,108	1,107	99.91	1	.09
1944	2,117	2,117	100.00	—	—
1943 and earlier	4,539	4,535	99.91	4	.09
TOTAL	19,721	19,693	99.86	28	.14

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	—	43	43
1953	70	371	384
1952	117	533	595
1951	28	98	120
1950	19	33	48
1949	11	22	32
1948	10	20	29
1947	115	282	304
1946	144	412	492
1945	69	156	218
1944	62	251	309
1943 and earlier	190	550	736
TOTAL	835	2,771	3,310

TABLE C—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	25,514
Number of Re-inspections	..	..	..	..	..	25,561
						<hr/>
					TOTAL	.. .. 51,075
						<hr/>

TABLE D—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons.. ..	149,979
(ii)	Total number of individual pupils found to be infested	2,941
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	2,870
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS.

Defect or Disease (1)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)	Requiring Treatment (6)	Requiring Observation (7)	Requiring Treatment (8)	Requiring Observation (9)
Skin	67	23	156	11	104	9	327	43
Eyes—(a) Vision	187	412	321	101	327	186	835	699
(b) Squint	111	46	22	6	45	22	178	74
(c) Other.. ..	31	22	44	5	54	13	129	40
Ears—(a) Hearing	64	65	72	26	53	27	189	118
(b) Otitis Media	44	66	76	28	29	36	149	130
(c) Other.. ..	117	45	175	15	142	24	434	84
Nose and Throat	287	478	45	30	88	92	420	600
Speech	45	167	18	9	26	46	89	222
Lymphatic Glands	20	173	1	12	8	41	29	226
Heart	11	80	18	27	12	26	41	133
Lungs	41	299	15	48	24	80	80	427
Developmental—								
(a) Hernia	15	31	4	7	10	6	29	44
(b) Other.. ..	—	—	—	—	—	—	—	—
Orthopædic—								
(a) Posture	4	8	5	4	5	6	14	18
(b) Feet	25	38	30	5	29	24	84	67
(c) Other.. ..	36	80	38	13	37	27	111	120
Nervous System—								
(a) Epilepsy	5	11	10	7	10	11	25	29
(b) Other.. ..	1	2	1	3	—	6	2	11
Psychological—								
(a) Development	—	7	1	45	3	27	4	79
(b) Stability	7	57	—	2	9	27	16	86
Abdomen	—	—	—	—	—	—	—	—
Other	86	144	155	68	166	102	407	314

TABLE B—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin	3,444	11
Eyes— (a) Vision	1,050	271
(b) Squint	59	14
(c) Other	612	11
Ears— (a) Hearing	249	81
(b) Otitis Media	380	13
(c) Other	847	17
Nose and Throat.. .. .	1,259	134
Speech	212	66
Lymphatic Glands	78	5
Heart	43	28
Lungs	374	62
Developmental—		
(a) Hernia	6	5
(b) Other	2	1
Orthopædic—		
(a) Posture	3	1
(b) Feet	19	1
(c) Other	500	70
Nervous System—		
(a) Epilepsy	46	29
(b) Other	42	26
Psychological—		
(a) Development	65	11
(b) Stability	121	17
Abdomen	162	24
Other	4,642	194

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	807
Errors of refraction (including squint)	3,437
TOTAL	<u>4,244</u>
Number of pupils for whom spectacles were prescribed ..	3,117

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear.. .. .	—
(b) for adenoids and chronic tonsillitis	525
(c) for other nose and throat conditions	20
Received other forms of treatment	2,502
TOTAL	<u>3,047</u>
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1958	17
(b) in previous years	106

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	760
(b) Pupils treated at school for postural defects	3

TABLE D—DISEASES OF THE SKIN.

(excluding uncleanness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm— (a) Scalp	3
(b) Body	1
Scabies	38
Impetigo	42
Other Skin Diseases	3,358
TOTAL	<u>3,442</u>

TABLE E—CHILD GUIDANCE TREATMENT.

Number of pupils known to have been treated at Child Guidance Clinics	607
----------------------------------------------------------------------------------	-----

TABLE F—SPEECH THERAPY.

Number of pupils known to have been treated by Speech
Therapists

447

TABLE G—OTHER TREATMENT GIVEN.

							Number of cases known to have been dealt with
(a)	Pupils with minor ailments	..	..	..	..		5,655
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..			213
(c)	Pupils who received B.C.G. Vaccination			..	..		3,910
(d)	Other than (a), (b) and (c) above—						
	Chiroprody	..	..	..	..	..	631
	Poliomyelitis Vaccination	..	..	..	..		20,961
	Diphtheria Immunization	..	..	..	..		4,148
	Heart	..	..	..	..	..	24
	Chest Clinic	..	..	..	..	..	3,241
	Orthoptic	..	..	..	..	..	618
	TOTAL (a) - (d)	..	..	..	..		<u>39,401</u>

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of Pupils inspected by the Authority's Dental Officers :—							
	(a)	At Periodic Inspections	..	..	..	..	..	36,389
	(b)	As Specials	..	..	..	..	..	4,834
						TOTAL (1)	..	41,223
(2)	Number found to require treatment							30,721
(3)	Number offered treatment							22,541
(4)	Number actually treated							12,463
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)							23,732
(6)	Half-days devoted to :—							
		Periodic (School) Inspection	..	..	..	..	..	267
		Treatment	..	..	..	..	..	3,437
						TOTAL (6)	..	3,704
(7)	Fillings :—							
		Permanent teeth	..	..	..	..	..	9,721
		Temporary teeth	..	..	..	..	..	46
						TOTAL (7)	..	9,767
(8)	Number of teeth filled :—							
		Permanent teeth	..	..	..	..	..	8,712
		Temporary teeth	..	..	..	..	..	46
						TOTAL (8)	..	8,758
(9)	Extractions :—							
		Permanent teeth	..	..	..	..	..	4,976
		Temporary teeth	..	..	..	..	..	11,653
						TOTAL (9)	..	16,629
(10)	Administration of general anæsthetics for extraction							8,538
(11)	Orthodontics :—							
	(a)	Cases commenced during the year	..	..	..	..	106	
	(b)	Cases carried forward from previous year	..	..	..	..	120	
	(c)	Cases completed during the year	..	..	..	..	112	
	(d)	Cases discontinued during the year	..	..	..	..	54	
	(e)	Pupils treated with appliances	..	..	..	..	102	
	(f)	Removable appliances fitted	..	..	..	..	101	
	(g)	Fixed appliances fitted	..	..	..	..	54	
	(h)	Total attendances	..	..	..	..	1,175	
(12)	Number of pupils supplied with artificial dentures							119
(13)	Other operations :—							
		Permanent teeth	..	..	..	..	..	5,258
		Temporary teeth	..	..	..	..	..	5
						TOTAL (13)	..	5,263

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1958.

During the calendar year 1958 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted	(9) Epileptic	TOTAL (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
A. Newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	2	4	6	—	76	10	95	1	194
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	3	4	6	—	76	10	109	1	209

On or about 31st January, 1959 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted	(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
C. (i) On the registers of Special Schools as :— (a) Day pupils (b) Boarding pupils (ii) On the registers of Independent Schools under arrangements made by the Authority (iii) Boarded in Homes and not already included under (i) or (ii) above TOTAL (C)	— 20	25 —	46 8	13 —	303 31	83 6	483 34	— — 1 1	(10) 953 106 4 1 1,064
D. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :— (i) In Hospitals (ii) In other groups (iii) At Home	— — —	— — —	— — —	— — —	— — —	61 — 16	— — —	— — —	61 — 16

On or about 31st January, 1959 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
E. Requiring places in Special Schools										
(i) TOTAL :—										(10)
(a) Day	—	—	—	—	—	—	—	—	—	—
(b) Boarding	1	—	—	—	—	—	—	—	—	1
Number of pupils included in these totals :—										
(ii) Who had not reached the age of 5 and were awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	1	—	—	—	—	—	—	—	—	1
(iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—

F. On the registers of Hospital Special Schools.. .. . 37

G. During the *calendar year* ended 31st December, 1958, number of children reported to the local health authority :—

(a) Under Section 57 (3) (excluding those returned under (b))	..	..	..	..	..	..	..	..	..	23
(b) Under Section 57 (3) relying on Section 57 (4)	..	..	..	..	..	..	..	..	..	1
(c) Under Section 57 (5) of the Education Act, 1944.	..	..	..	..	..	..	..	..	..	42

H. During the *financial year* ended 31st March, 1958, amount spent on arrangements under Section 56 of the Education Act, 1944, for the Education of handicapped pupils otherwise than at School £2,482

SCHOOL HEALTH SERVICE

THE FOLLOWING DETAILS ARE FURNISHED OF THE COST OF THE SCHOOL HEALTH SERVICE
DURING THE YEAR ENDED 31st MARCH, 1958

SECTION	Gross Expenditure	Income	Net Expenditure	Deduct Grant	Net Cost to Rates	Cost in terms of a Penny Rate	
						Gross Expenditure	Net Cost to Rates
Medical Inspection and Treatment	£ 118,733	£ 3,892	£ 114,841	£ 68,905	£ 45,936	d. 5·37	d. 2·08
Special Schools	232,893	30,645	202,248	138,103	64,145	10·53	2·90
TOTALS.. ..	351,626	34,537	317,089	207,008	110,081	15·90	4·98

REPORT

BY MR. L. MORANT,

ORGANISER OF PHYSICAL EDUCATION,

FOR THE YEAR ENDED 31ST DECEMBER, 1958“ 1. *Introduction.*

During the past year every effort has been made to improve the standard of Physical Education in all schools, youth clubs and evening institutes under the control of the Committee, and to ensure that all children derive the maximum possible physical, mental and moral benefit from regular participation in a rational scheme of interesting physical activity designed to meet the needs of differing ages, abilities and aptitudes.

The main requirements for success are an enlightened policy carried out in good premises with adequate supplies of suitable apparatus by well-trained teachers who are conversant with modern techniques and capable of applying them to the needs of their particular environment. It is gratifying to be able to report good progress towards all these requirements.

The progress made in carrying out the City's Development Plan for Education has made great improvements in facilities for Physical Education ; the opening of Abbeydale Boys' Grammar School and St. Peter's R.C., Chaucer and Newfield Secondary Modern Schools has made it possible to undertake regular work leading to higher standards than were possible in the contributory schools where lessons could only be taken in the playground and were therefore dependent on the weather. The minor works carried out at Woodbourn, Carfield Infants, Woodseats Junior, Pomona Street County and St. Patrick's R.C. Schools have also been very useful in giving encouragement to teachers and children.

By means of prudent buying and careful maintenance, most schools are now building up adequate stocks of apparatus, though it is unfortunate that their efforts in this direction are still adversely affected by the heavy Purchase Tax. The former all-age schools, which have become Primary Schools because of re-organisation, have been appropriately equipped and it is pleasing to see the speed with which they have become adapted to their new role.

The methods now in general use enable each child to have the advantages of the practice of suitable physical activity in a planned environment with unobtrusive individual guidance rather than instruction limited to the entire class irrespective of differing abilities. No attempt has been made to impose schemes of instruction or specific methods on any school, but guidance on the organisation of lessons and on effective teaching methods has been given during courses for teachers and on visits to schools. Such guidance has been all the more necessary because of the unfortunate shortage of fully qualified

teachers of Physical Education. Although this shortage is national it is particularly severe in the densely populated industrial areas. The fact that many young teachers leave the normal Training Colleges either unable or unwilling to teach Physical Education has also thrown an additional burden on the Advisory Service, and it is hoped that with the introduction of the Third Year of Training this fault will be corrected.

The appointment to the organising staff of Mr. J. Hopkinson (in place of Mr. J. G. Jones who left for promotion at Gateshead), Miss A. J. Dukes and Mrs. J. M. Webb as from the 1st September, has made it possible to ensure that every school department has received some help in the way of practical demonstration or advice. All youth clubs and evening institutes have also been visited and practical assistance has been given to voluntary organisations as required. Members of the organising staff have also served on many local committees concerned with the development of various forms of Physical Recreation.

2. *Teachers' Courses.*

Teachers in all types of schools have again been given the opportunity to attend Courses in various aspects of Physical Education. All these courses have been held during evenings or week-ends and much credit is due to those who have given of their free time to attend. The combination of educational re-organisation and increasing research into the value of various teaching methods has produced great changes in the scope and presentation of the subject. This makes regular courses for teachers an essential service and since the organising staff was brought up to strength a comprehensive range has been planned which should be of great assistance to all teachers.

The following courses were held in 1958 :—

	Number enrolled
(i) Course on the teaching of Folk Dancing for teachers in Primary Schools	55
(ii) Course on the teaching of Swimming—Woodthorpe Baths	23
(iii) Course for teachers and leaders in evening schools, evening institutes and youth clubs—Recreative Physical Training for Men at High Storrs Boys' Grammar School	32
(iv) Voluntary Clubs—	
(a) Folk Dancing—Miss T. Ballard	38
(b) National and Aesthetic Dancing—Mrs. Webb ..	20
(c) Men Teachers' Gymnastics—Mr. Moore and Mr. Hopkinson	21
(v) Special Classes—	
(a) Coaching of Cricket	42
(b) Creative Dance	72
(c) Coaching in Badminton	36

3. *Activities in the Schools.*

(a) *Physical Training.*

As is to be expected when the development of the Education Service has reached a stage which gives rise to considerable variety of provision, and when some teachers of the subject have received their professional training as much as 30 years apart, there are considerable differences in methods of presentation and in results obtained. By means of frequent visits to schools it has been possible, without enforcing any undue standardisation, to ensure that the activities undertaken are enjoyable and interesting to the children, and that they are designed to produce harmonious development, and to correct minor postural defects by maintaining or improving agility and strength. A feature of the work is that it is based on the needs of the individual rather than the class unit, each child being extended to the limit of his or her ability.

(b) *Games.*

Although progress has again been made in the provision of playing fields, the incidence of two abnormally wet summers in succession has had an adverse effect both on the preparation and consolidation of new fields, and on the regular practice of organised games. This has naturally been very frustrating, but teachers have overcome their difficulties by providing intensive training in the skills of the major games and athletic activities indoors. This has been most effective and the methods used have produced very good standards when outdoor play was possible. Arrangements have now been made for all senior pupils, and almost all pupils in their last year at Primary Schools, to enjoy a weekly organised games period on turf.

The playing fields at Hinde House Secondary School are now being used, and it is hoped that new fields at Bradway Junior, Hemsworth Junior, Chaucer Secondary, Hurlfield Secondary Boys, King Ecgbert Secondary Technical, and Silverdale Secondary will soon become available for limited use.

Nearly all schools attach considerable importance to the playing of games because of the physical, mental and moral benefits which accrue. Consequently the pitches are very heavily used, not only during school hours but also on Saturdays. Recently, for instance, twelve teams were playing on one school field at once. This naturally throws a heavy load on those responsible for maintenance of the fields and ancillary rooms.

(i) *Association Football.*

Almost every school has taken part in a comprehensive programme of inter-school matches which has been designed to provide fair competition for schools of all types and size.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
Clegg Shield	18	Burngreave Secy.	Shirecliffe Secondary
Handsworth Cup	12	Springfield County	Woodthorpe County
United Shield	14	Hillfoot County	Carbrook C.E.
Wednesday Shield—			
League 'A'	37	Burngreave Secy.	Hurlfield Secondary
League 'B'		Woodthorpe Secy.	Tinsley County
Dispatch Shield	18	Brook Secondary	Shirecliffe Secondary
Gleeson Cup	8	St. Vincent's R.C.	St. Theresa's R.C.
Div. 'A' Catholic Schools'			
Championship	7	St. Theresa's R.C.	St. Oswald's R.C.
City League	12	Burngreave Secy.	Brook Secondary

The City Team had a very full programme which was completed creditably, though without ultimate success in either County or National Honours Competitions. In addition to the usual Yorkshire opponents, matches were played with Birmingham, Edinburgh and Nottingham.

The following boys gained distinction during the season :—

COUNTY CAPS :

D. Mountain (Meynell Road Secondary).

G. Tyree (St. George's).

INTERNATIONAL HONOURS :

Douglas Mountain played for England in all matches.

(ii) *Rugby Football.*

With the improvement in facilities more schools are including this game as an addition to Association Football. That this can be done successfully was shown by the fact that Burngreave Secondary and Shirecliffe Secondary managed to provide Finalists in the competitions for both codes.

The annual nine-a-side competition attracted eighteen teams, the largest number yet, to Castle Dyke during the autumn mid-term. A representative team which played Cardiff and Leicester, two of the best schoolboy unions, was beaten very narrowly in both games.

(iii) *Hockey.*

Several schools have taken advantage of their new facilities to introduce hockey for boys, and at Jordanthorpe and Shirecliffe Secondary Schools, all boys receive coaching in Association Football, Rugby Union Football and Hockey.

(iv) *Cricket.*

Considering the weather of the last two summers and the unfortunate shortage of suitable pitches, it is remarkable that so much attention has been given to this game. The fact that good progress can be reported reflects great credit on those teachers who have created opportunities to provide boys with sound coaching and practice. The shortage of pitches, due in

part to the closure of public parks between Easter and Whitsuntide, has made it necessary to adapt and improvise. In an increasing number of schools the basic skills of the game are now being taught and practised indoors, with specially designed equipment. This gives all boys, irrespective of ability, a chance of regular coaching.

In an urban area, where it is difficult to recruit groundsmen, there is a great need to provide more hard wickets which will stand all weathers, and be available for play with the minimum of maintenance whenever it is not actually raining.

The City Team had another successful season. The only team to have beaten them in the last 3 seasons is Bradford. The Education Committee continued to arrange for the use of the indoor nets at Bramall Lane, a privilege which is much appreciated by the boys and their teacher coaches, Mr. Raynor and Mr. Webster.

The following boys gained distinction during the season :—

COUNTY CAPS :

Maurice Watson (Abbeydale Secondary).

Arthur Armitage (Burngreave Secondary).

NORTH OF ENGLAND *v.* SOUTH :

Arthur Armitage (Burngreave Secondary).

(v) *Netball.*

All girls attending Sheffield schools have the opportunity of playing this game, and the standard of play, sportsmanship and dress is very high. All districts were represented in the League competitions which catered for teams containing 600 girls.

The results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield.. ..	21	Southey Green Secy.	Burngreave Secondary
Creswick Trophy	16	Meynell Road Secy.	Norfolk Secondary
Hadfield Trophy	14	Maltby St.	Upperthorpe
Miller Shield	14	Maltby St.	Upperthorpe

The annual City Netball Tournament was held at Norfolk Secondary School on Saturday, 2nd March. Thirty-nine teams took part.

(vi) *Rounders.*

This game is deservedly popular in Primary Schools and Girls' Secondary Schools. It has the advantages that it can be played on almost any type of surface and is easy to organise. It is of great educational value as it requires skill in activities such as throwing, catching, hitting and running which are common to many games, and it also provides a suitable introduction to team competition.

It was unfortunate that the wet weather enforced the cancellation of some of the traditional Tournaments, and reduced the time out of school hours which teachers were again willing to give to coaching and the organisation of matches.

The results of the League competitions in which pupils took part were as follows :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield (S.3-4)	21	Beaver Hill Secy.	Wybourn Secondary
Fred Rye Trophy	28	Meynell Road Secy.	Maltby Street
Quine Trophy	12	St. Theresa's R.C.	St. George's C.E.
Easton Cup (Jun. Girls) ..	37	Wisewood Junior	Woodside Junior
Carr Cup (Junior Boys) ..	42	Abbey Lane Junior	Manor Junior.

(vii) *Basket Ball.*

One of the results of the Basket Ball Course arranged last year has been to give a strong impetus to the development of this game. More schools have taken it up and the standard of play has improved very much. The game demands stamina, speed of thought and action, and good team work. It is an excellent game for its own sake, but is also useful for developing games sense and tactical skills when the space available is limited. It also has the advantage of providing another opportunity for boys who are not particularly good at our traditional team games.

The second annual Tournament held at Jordanthorpe and Rowlinson Schools during the spring term attracted eighteen entries.

Shirecliffe Secondary Modern School were the eventual winners of the Trophy.

(viii) *Tennis.*

The provision of seven new hard courts at Chaucer Secondary and Newfield Secondary Boys' Schools raises the number controlled by the Committee to 73. These are all used regularly during organised games lessons for coaching purposes and an increasing number of inter-school matches are being played.

This game is being encouraged in all Secondary Schools not only because of its immediate educational value in providing healthy physical activity, but also because of the valuable opportunities for social training which are being exploited with great effect. Pupils are introduced to a beneficial, recreative activity which can be carried on for many years.

During the year many schools have affiliated to the newly formed Boys' Schools Lawn Tennis Association and further development of the game is expected.

(ix) *Hockey.*

This game can only be played safely and well on a smooth surface, but as more pitches become available an increasing number of schools are introducing it for their senior girls. A course on the coaching of the necessary skills and tactics was held on three evenings in September.

The Third Annual Tournament held at Hurlfield Secondary Girls' School was notable for an improved standard of play. The hostess school was the eventual winner, defeating St. Oswald's R.C. School in a very closely contested final.

(c) *Athletics.*

Generally the work in this branch of Physical Education shows considerable progress thanks to the improved facilities.

All new playing fields have excellent areas containing sandpits, throwing circles and cinder run-ups, so that all athletic events can be practised. These facilities have also been provided on many of the long established fields. The traditional interest in running has been maintained and excellent results have been achieved. Thirty-one teams competed regularly in the Saturday morning Cross-Country League, and 26 schools were represented in the annual race for the Senior Atkin Cup, which was won by Jordanthorpe Secondary School. Sheffield teachers also took the initiative in organising the first Inter-Counties Schools' Cross-Country Championships which were held in Graves Park in March.

It is particularly gratifying to report increased interest and much improved performance in the events which require a greater degree of skill and co-ordination. The Annual City Gala provided a complete programme of athletics in which every event was well supported, and records were broken in Pole Vaulting, Putting the Shot, Throwing the Discus and the Jumps. The training scheme for promising young athletes was held at Hatfield House Lane Secondary School and at Norton Playing Fields. The results of this training were seen in the County Sports when the Sheffield team were more successful than ever before. Two boys and two girls were chosen to represent Yorkshire in the English Championships—Alison Leggett of Abbeydale Grammar School finishing second in the 880 yards race.

(d) *Dance.*

This activity plays an increasingly important part in the educational process. Sheffield has long been a prominent centre in the world of Folk Dancing, and the schools and Evening Institutes continue to foster and maintain local and national traditions. A course for teachers had the effect of increasing the amount and improving the quality of Country, Sword and Morris Dancing in Schools. This was followed by a series of parties for schoolchildren at which it was a pleasure to note the poise, graceful movement and pleasant social behaviour of the children.

The more creative forms of Dance have also received attention, and there has been some good work done in encouraging the study of movement as an art and as a means of self-expression. This has been particularly valuable with girls who are not particularly gifted as dancers, but find great interest and pleasure in creating movement patterns according to their own ability.

(e) *Camping and School Journeys.*

The educational value of these and allied activities has been appreciated in the schools, and by the Ministry of Education, for some time. Almost every Secondary School has tried to widen the experience of its pupils by providing opportunities for them to see new places, meet different people, and live temporarily in a changed environment, in the cheapest possible way. Their efforts have ranged from highly organised foreign sight-seeing tours to mobile camping with lightweight equipment. All provide opportunities for the exercise of initiative, independence, responsibility to and for others, and adaptability, which are not always present in the average school or home.

Some schools have used their grounds for instruction and practice of the skills of camping, and the results of Brook Secondary School in particular were excellent, eight boys being successful in passing the Bronze standard of the Duke of Edinburgh's Award after a mobile camping tour in the Yorkshire Dales.

(f) *Swimming.*

As reported last year, the results of the swimming instruction given to Sheffield children have been analysed with a view to considering whether any improvements can be made in the scheme. Excellent results have been obtained for many years in the teaching of beginners in Life Saving and in competitive swimming, but there is no advantage in complacency, and the reorganisation of schools has provided an opportunity to give further thought to aims and methods.

The records showed that some children were still unable to swim when reaching school leaving age. It was also clear that there were more girls than boys, which was to be expected, as they had less use of the swimming baths in the past. The immediate aim, therefore, has been to make sure that every child learns to swim whilst still at school, indeed before leaving the Primary school at the age of eleven. The decision of the City Council to allow mixed bathing has also made it possible to send more girls to the baths. The number of mixed classes of junior children has been increased. The advantages of this are that there is the minimum interference with normal school routine, as entire class units are sent, and that children are at an age when they approach the acquisition of any new physical skill with more enthusiasm and confidence than at any other time in their lives. The teachers

have been delighted with the success of their efforts which is clearly shown in the following table. The increased numbers of “ Learners ”, i.e., 25 yds. certificates, and the general increase in the number of certificates obtained by girls are particularly gratifying.

ATTENDANCES

Team	In School Hours	Out of School Hours	Total
1954	286,194	169,370	455,564
1955	276,524	153,038	429,562
1956	273,133	132,375	405,508
1957	290,774	99,821	390,595
1958	286,636	84,720	371,356

Awards have been gained during the year as follows :—

DISTANCE CERTIFICATES

Lengths in Yards	Boys					GIRLS				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
25	2,437	2,285	2,333	2,613	2,793	1,676	1,657	1,739	1,878	2,227
100	2,038	1,883	1,923	2,173	2,079	1,292	1,323	1,351	1,488	1,562
440	1,564	1,515	1,601	1,799	1,619	1,042	1,032	1,113	1,161	1,121
880	1,444	1,326	1,496	1,518	1,310	955	775	859	889	816
TOTAL	7,483	7,009	7,353	8,103	7,801	4,965	4,787	5,062	5,416	5,726

Grand Totals	1954	..	..	12,448
	1955	..	..	11,796
	1956	..	..	12,415
	1957	..	..	13,519
	1958	..	..	13,527

Life Saving.

Awards were made by the Royal Life Saving Society for success in their examinations :—

Year	Intermediate Certificate	Bronze Medallion
1954	1,470	954
1955	1,467	1,068
1956	1,609	1,027
1957	1,492	912
1958	1,564	1,065

In addition to Intermediate Certificates and Bronze Medallions gained, the following awards were also obtained :—

Scholar Instructor	..	..	..	..	..	..	24
Instructor ..	..	..	..	..	..	..	18
Bronze Cross	..	..	..	..	..	..	52
Award of Merit	..	..	..	..	..	..	15

Sheffield has a very proud record for the number of awards gained. Most of the examinations were conducted by the Committee's professional teachers of swimming and they reported a good standard of performance throughout.

Other Life Saving Awards gained by Sheffield Schools were :—

The Viner Shield	..	Burngreave Secondary Boys' (fourth year in succession)
The William Henry Cup		Whitby Road Boys' School.

Awards of Merit.

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1954	55	45	100
1955	52	41	93
1956	68	46	114
1957	33	37	70
1958	65	76	141

Free Passes to Baths.

Free passes are awarded on a basis of one for every 20 lengths certificates gained by each department annually whilst attending a Corporation Bath for instruction in swimming. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII Swimming Baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	..	..	..	..	..	..	35
Training Scheme		..	..	..	..	..	70
Schools	..	..	..	..	..	..	35
Woodthorpe and King Edward VII				..	..	..	35
				TOTAL	..	..	175

H.M.S. "Sheffield" Trophy.

The Artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. Burngreave Secondary Boys' School won the competition with a total of 246 points.

The Winter Squadron Leagues.

These competitions have continued to maintain interest in inter-school swimming throughout the winter, and Mr. H. Hughes, the Secretary, is to be congratulated on the good work done.

The results were :—

	Winners	Runners-up
Winter : Boys ..	Prince Edward Secondary	Upperthorpe County
Girls ..	Crookesmoor County	Burngreave Secondary
Junior : Boys ..	Abbeydale Secondary	Burngreave Secondary
Girls ..	Brook Secondary	Upperthorpe County

English Schools' Advanced Award.

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1958, eighteen boys and twelve girls from Sheffield Schools were successful.

4. School Sports and Tournaments.

The number of schools organising their own Open-days, Sports Days and Swimming Galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between Staff and parents and members of the public, and in improving the prestige of the school as an influence for good in its environment.

5. Out-of-School Activities.

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts extended for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at County and National level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it seems appropriate that their devoted service should receive this acknowledgment.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making useful contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, the Men Teachers' Gymnastic Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(i) *The Sheffield Schools' Athletic Association.*

The members of this association, the second oldest of its type in the country, have a proud record of 68 years' voluntary service for the children of the City's schools. Its constituent Sub-Committees have all organised coaching and competition in their own activities and their efforts have again been co-ordinated by the General Secretary, Mr. E. Cornthwaite. The Secretary of the Association Football Section, Mr. C. Cawsey, again reports a successful season, with the many League competitions completed.

The Rugby Football Union under the leadership of Mr. G. Allen and Mr. D. Evans has continued to develop, and now seems to be prepared for a period of expansion.

The Rounders section under Mrs. Goddard and the Netball Section under Miss Bennett have both had a busy and successful year during which they have catered for very large numbers in League competitions and Rallies.

Mr. H. Whitham, the Secretary of the Athletics Section reports a very active season in which Sheffield children have been more successful in County and National events than ever before. This section has been the prime mover in initiating Yorkshire County and Inter-county Cross Country championships.

(ii) *The Sheffield Schools' Swimming Association.*

This section has had its normal year of great activity and considerable success. Nine District and two City Galas were organised, and the Yorkshire Schools' Championship Trophy was won for the 10th year in succession. The list of successes in the County Gala is too long to include in this report, but the following honours in the National Championships are worthy of mention.

Vivian Arliss, Christine Darbyshire and Janet Evans—1st in the National Medley Team Championship for girls under fifteen.

Peter Hammond—2nd in the 100 yards Free Style Race for boys under fifteen.

Janet Evans—2nd in the Breast Stroke Championship for girls under fifteen.

Christine Derbyshire—3rd in the 100 yards Back Crawl Championship.

Vivian Arliss—4th in the Girls' Free Style Final.

Wendy Nicholson—4th in the 100 yards Back Crawl event.

Mr. Hall, Mr. Stables, Mr. Hughes and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(iii) *The Sheffield Teachers' Folk Dance Club.*

This Club has continued to encourage the teaching and practice of Folk and Traditional Dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The Fifteenth Annual Week-end Course was held at Hatfield House Lane attracting 80 teachers. The Club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

6. *Conclusion.*

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his personal staff ; of the helpful co-operation of the Principal School Medical Officer and the Senior School Medical Officer and the staff of the School Health Service, of the kindly assistance of the official staff and personal colleagues, and of the friendly relationships existing with the teaching staff."